FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # \$928

(3)

MENDA	Δ\/ΙΔΤΙΛΝ	
K H BALLII	AVIA I II INI	LJ IBP.

Principal Place of Business 7501 PEMBROKE ROAD GATE 18 PEMBROKE PINES FL 33023 PEMBROKE PINES FL 33023 2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2c. Principal Place of Business 2c. Principal Place of Business 2c. Mailing Address 2c. Certificate of Status Desired 2c. Certif	Principal Place of Business 7501 PEMBROKE ROAD GATE 18 PEMBROKE PINES FL 33023 PEMBROKE PINES FL 33023 2a. Mailing Address 2a. Mailing Address 2b. Principal Place of Business 2c. Principal Place of Business 2d. Mailing Address 2d. Fill Number 2d. F	VEINIO	O AVIATI	JN CONF.									
GATE 18 PEMBROKE PINES FL 33023 PEMBROKE PINES FL 33023 2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. Country 2. Principal Place of Business 2. Mailing Address 2. Certificate of Status Desired 3. Date Incorporated or Qualified 11/08/1991 3. Date Incorporated or Qualified 11/08/1991 3. Date Incorporated or Qualified 11/08/1991 4. FEI Number 65-0296705 Not Applicable 5. Certificate of Status Desired Fee Required Fee Required Trust Fund Contribution	GATE 18 PEMBROKE PINES FL 33023 GATE 19 PEMBROKE PINES FL 33023 2. Principal Pisce of Business 2. Mailing Address 2. Mailing Address 3. Data incorporated or Qualified 11/08/1991 3. Date of Last Report 11/08/1995 2. Principal Pisce of Business 2. Mailing Address 3. Data incorporated or Qualified 11/08/1995 4. FEI Number 65-0296705 1. Not Applied For 1500 Appl	Principa! Place o	of Business		Ma	iling Address	•					,, .,,, .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. Country 2. Description of Status Desired Status Desired Fee Required Fee Re	2. Principal Place of Business 2a. Mailing Address 4. FEI Number 55/01/1995 55/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 55/02/96705 Applied for Net Applicable 3. Surfa, Apr. #, etc. Suite, Apr. #, etc. S. Certificate of Status Desired \$5.75 Additional Fee Required 22. City & State City & State City & State City & State S. Country Zip Suite, Apr. #, etc. S. This corporation has liability for intengible traunder is 199.032, pto Policial Statutes Yes Ye												
Suite, Apt. #, etc.	Sulfe, Apt. #, etc.				33023	33023							
Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 22 City & State City & State City & State City & State Country Coun	Suite, Apt. #, etc. Suite, Apt. #, etc.		ce of Busines	S		Mailing Address							
City & State City & State 28 City & State 29 Country Country 29 Country 29 Country 29 Country 30 Florida Statutes 10. Name and Address of New Registered Agent Name	City & State 28 City & State City & State 29 Country Zip Country Zip Country Zip Country Zip Country Zip Country Sincida Statutes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 81 Name BIRKENWALD, RICHARD 2020 N.E. 163RD ST. SUITE 101 N. MilaMi BEACH FL 33162 11. Pursuant to the provision of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, 1 am facecpt the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, bred or printed name of impassed agent and 1601 Facebache. NOTE Registered Agent separative resultating) DAIL OFFICERS AND DIRECTORS IN 12 NAME ACUNA, MARIANNE M. SIBERT ADDRESS CITY-SI-ZIP PEMBROKE PINES FL 10. Change Addition Addition Change Addition Addition Acuna, ROBERT 7501 PEMBROKE RD GATE 18 CITY-SI-ZIP DELETE 1.11TILE 1.11	Suite, Apt. #	, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		
Zip Country Zip Country B. This corporation has liability for intangible tax under s 199.032, Florida Statutes Tyes No 9, Name and Address of Current Registered Agent 81 Name 81 Name	Zp	City & State			28	City & State					Trust Fund Contribution	LJ Ad	ded to Fees
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name	BIRKENWALD, RICHARD 2020 N.E. 163RD ST. SUITE 101 N. MIAMI BEACH FL 33162 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Total	Zip	2	¬ '	29	Zip	-	untry	′		Fiorida Statutes Yes	⋈ No	s 199.032,
	BIRKENWALD, RICHARD 2020 N.E. 163RD ST. SUITE 101 N. MIAMI BEACH FL 33162 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, byred or printed name of impsered agent and title if applicable. NOTE Registered Agent		g, Name a	ind Address of Curren	t Regist	ered Agent		ļ			10. Name and Address of New Re	gistered Agent	
BIRKENWALD, RICHARD 82 Street Address (P.O. Box Number is Not Acceptable)	2020 N.E. 163RD ST. SUITE 101 N. MIAMI BEACH FL 33162 84							81					
2020 N.E. 163RD ST.	SUITE 101 N. MIAMI BEACH FL 33162 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, byted or printed name of registered agent and title if erpiscable. NOTE: Registered Agent separation where resulting: 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE V NAME ACUNA, MARIANNE M. SIREET ADDRESS 7501 PEMBROKE RD GATE 18 ACUNA, ROBERT NAME ACUNA, ROBERT ACUNA, ROBERT SIREET ADDRESS CITY-S1-ZIP PEMBROKE PINES FL DELETE 1 DELETE 2 1 TITLE Change Addition Change Addition Change Addition Change Addition									treet Addre	ss (P.O. Box Number is Not Acceptable	e)	
	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, byind or printed name of registered agent and title if applicable. NOTE Registered Apont segrature required when reinstating) DA16 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE V DELETE 1.1.1TITLE ACUNA, MARIANNE M. 12. NAME ACUNA, MARIANNE M. 12. NAME ACUNA, MARIANNE M. 13. STREET ADDRESS CITY-S1-ZIP PEMBROKE PINES FL 1.4.CITY-S1-ZIP DELETE 2.1.TITLE ACUNA, ROBERT 7501 PEMBROKE RD GATE 18 2.2. NAME STREET ADDRESS CITY-S1-ZIP PEMBROKE PINES FL 1.4.CITY-S1-ZIP DELETE 3.1.TITLE Change Addition Change Addition							63					
	or registered agent, or both, in the State of Horida. Such change was authorized by the Corporation's board of directors. Thereby accept the appointment at registered agent and tall in any and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, byred or printed reme of registered agent and tall in applicable.									•			·
or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.	12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE V DELETE 1.1 TITLE Change Addition NAME ACUNA, MARIANNE M. 12 NAME STREET ADDRESS 7501 PEMBROKE RD GATE 18 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TITLE ST DELETE 2 1 TITLE Change Addition NAME ACUNA, ROBERT 22 NAME STREET ADDRESS 7501 PEMBROKE RD GATE 18 2.3 STREET ADDRESS 7501 PEMBRO	or registere familiar with	ed agent, or t h, and accept	ooth, in the State of Flori t the obligations of, Sect	da. Such ion 607.	change was authorize 0505, Florida Statutes.	eorby the	corp	xora	mon's board	of directors. Thereby accept the appe	and the R 23 regions	red agent. I am
ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 12	TITLE		Signature, typed o			1,1,		a Ago	JI 11 G-5	practice required		CERS AND DIREC	CTORS IN 12
Change Addition	NAME		V	OFFICEROAR	D DII (EC			TITLE		T			
	STREET ADDRESS 7501 PEMBROKE RD GATE 18 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP PEMBROKE PINES FL 1.4 CITY-ST-ZIP Change Addition		1 *	A. MARIANNE M.			1.21	NAME					
THE PRINCIPLE OF THE PR	TITLE ST DELETE 2 1 TITLE Change Addition NAME ACUNA, ROBERT 22 NAME STREET ADDRESS 7501 PEMBROKE RD GATE 18 2.3 STREET ADDRESS CITY-S1-ZIP PEMBROKE PINES FL 24 CITY-S1-ZIP TITLE P DELETE 3.1 TITLE				E 18		1.3 \$	STREET	T AD	DRESS			
CITY-ST-ZIP PEMBROKE PINES FL 1.4 CITY-ST-ZIP	NAME ACUNA, ROBERT 22 NAME STREET ADDRESS 7501 PEMBROKE RD GATE 18 2.3 STREET ADDRESS CITY-SI-ZIP PEMBROKE PINES FL 24 CITY-SI-ZIP TITLE P DELETE 3.1 TITLE Change Addition	CITY-ST-ZIP	PEMBI	ROKE PINES FL			1.4 (CITY-S	ST-Z	TIP			— • • • • • • • • • • • • • • • • • • •
TILE ST DELETE 2 1 TITLE CHange C Addition	STREET ADDRESS	TITLE	ST			DETELE	2.1	TITLE				Unan	ge L Adoition
	CITY-S1-ZIP PEMBROKE PINES FL 2.4 CITY-S1-ZIP TITLE P DELETE 3.1 TITLE Change Addition	NAME											
	TITLE P DELETE 3.1TITLE Change Addition	STREET ADDRESS			E 18								
Change Addition	TITLE P CIDELLA STATE	CITY-ST-ZIP		roke <u>Pines</u> FL		FT DOLETE				ZIP		☐ Char	ne 🔲 Addition
THE P	NAME ACUNA-MAGILI, NAIDIEN U. 3.2 NAMIC			A MACHIL MOIOTEN	n	[] DECESE							
TOU DENDROYE DOAD CATE 10	TOUR DENDROYF DOAD CATE 10	1				,	L			nnecee			
DEADDONE DINEC EL	PRODUCT AND THE PROPERTY OF TH		, ,,,,,		WIE 10	1							
Change Addition	DEALDROVE DINIEC EL		PEMD	NUNE FINES FL		□ DELETE				ZIF		☐ Char	ige 🔲 Addition
CONNE	City-St-ZiP PEMBROKE PINES FL 3.4 City-St-ZiP									ŀ		-	
NAME.	DELETE 3.4 CITY - ST - ZIP PEMBROKE PINES FL 3.4 CITY - ST - ZIP Change Addition Addi	1								DRESS			
STREET ADDITIONS	City-St-ZiP PEMBROKE PINES FL 34 City-St-ZiP Change Add-tion						1						
Change Addition	DELETE 3.4 CITY - ST - ZIP PEMBROKE PINES FL 3.4 CITY - ST - ZIP Change Addition			<u>, </u>		DELETE						Char	nge 🔲 Addition
FOMALE	DELETE 34 CITY - ST - ZIP Change Addition A												
INCHES ADDRESS	DELETE 3.4 CITY - ST - ZIP Change Addition									ODRESS			
CONTROL OF AIR	DELETE 3.4 CITY - ST - ZIP Change Addition	\								i i			
VIII 0 L	DELETE 3.4 CITY-ST-ZIP DELETE 3.4 CITY-ST-ZIP Change Addition		+			☐ DELETE						☐ Cha	nge 🔲 Addition
TILE DELETE 6.1 TITLE Change Addition	DELETE 3.4 CITY-ST-ZIP DELETE 3.4 CITY-ST-ZIP Change Addition	1				_							
Title Country	DELETE 3.4 CITY-ST-ZIP DELETE 3.4 CITY-ST-ZIP Change Addition	STREET ADDRESS								ODRESS			
DEMONORE DINIES EL	I SIDGLADURGO I 1441 (FIIIDITALE LIALE ALLE II		PEMB	ROKE PINES FI			3.4	cny-	ST-Z	7IP			
	DEALDROVE DINIEC EL	CiTY-ST-ZiP	PEMD	NUNE FINES FL		C DELETE				ZIF		□ Char	ne Addition
DELETE 4.4 TILE	City-St-ZiP PEMBROKE PINES FL 34 City-St-ZiP			······		□ DELETE	4, 1	TITLE	E			[_] Char	ige [Add:00fi
CONNE	City-St-ZiP PEMBROKE PINES FL 3.4 City-St-ZiP						42	NAME					
NAME 42 NAME	Citty-St-ZiP PEMBROKE PINES FL 3.4 City-St-ZiP Title DELETE 4.1 title	NAME					4.2	NAME	Ē	1			
NAME.	DELETE 3.4 CITY - ST - ZIP PEMBROKE PINES FL 3.4 CITY - ST - ZIP Change Addition Addi	1								DRESS			
STREET ADDRESS 4.3 STREET ADDRESS	DELETE 3.4 CITY - ST - ZIP PEMBROKE PINES FL 3.4 CITY - ST - ZIP Change Addition Addi	STREET ADDRESS					4.3	STREE	ET AD	DRESS			
STREET ROUNCOS	City-St-ZiP PEMBROKE PINES FL 34 City-St-ZiP Change Add-tion	STREET ADDRESS					1						
CHY-ST-7IP 44 CHY-ST-7IP	City-St-ZiP PEMBROKE PINES FL 34 City-St-ZiP Change Add-tion						4.4	CITY-	- ST - 2	ZIP			
Change Addition	DELETE 3.4 CITY - ST - ZIP PEMBROKE PINES FL 3.4 CITY - ST - ZIP Change Addition		ļ			f nesete						☐ Char	nge 🔲 Addition
Change Addition	DELETE 3.4 CITY - ST - ZIP PEMBROKE PINES FL 3.4 CITY - ST - ZIP Change Addition					[] DELETE						Char	nge 🔲 Addition
TITLE DELETE 5 1 TITLE L Change L Adolubri	DELETE 3.4 CITY-ST-ZIP PEMBROKE PINES FL 3.4 CITY-ST-ZIP Change Addition	TITLE				DELETE	5 1	TITLE	E]		[_] Char	ide 🗀 vaoition
TITLE UPLETE 5 THILE CHANGE CANONIC	DELETE 3.4 CITY-ST-ZIP PEMBROKE PINES FL 3.4 CITY-ST-ZIP Change Addition	TITLE				☐ DEFELE	5 1	THLE	Ł			الما الما	ião 🗀 vonition
MILE □ Unite □ Unit	DELETE 34 CITY - ST - ZIP Change Addition A	TITLE]			T OFFEIG	5 1	HILL	E.			L. 516	
	DELETE 34 CITY - ST - ZIP Change Addition A	1	1			_							
NAME 52 NAME	DELETE 34 CITY - ST - ZIP Change Addition A	NAME					5.2	NAME	E				
BANE.	DELETE 3.4 CITY - ST - ZIP Change Addition	NAME	1										
INCHES ADDRESS	DELETE 3.4 CITY - ST - ZIP Change Addition									ODECC			
CACYCET (DODECO	DELETE 3.4 CITY - ST - ZIP Change Addition						5.3	STREE	ET AF	ODRESS			
STREET ADDRESS 53 STREET ADDRESS	DELETE 34 CITY - ST - ZIP Change Addition	STREET ADDRESS					53	STREE	ET AC	DDRESS			
STREET ADDRESS 3.5 SIREET ADDRESS	DELETE 3.4 CITY - ST - ZIP Change Addition	STREET ADDRESS	1				33	SINCE	ET AL	JUNEOO			
CARLEY CY TIP	DELETE 3.4 CITY - ST - ZIP Change Addition	\	1					City	CT.	710			
VIII 0 L	DELETE 3.4 CITY - ST - ZIP Change Addition	CITY-ST-ZIP	I				54	CITY-	-51	ZIP			
	DELETE 34 CITY - ST - ZIP		1			☐ DELETE	6 1	TITLE	£			∐ Cha	nge 🔲 Addition
TILE DELETE 6.1 TITLE Change Addition	DELETE 3.4 CITY-ST-ZIP DELETE 3.4 CITY-ST-ZIP Change Addition		1						-				
Title Country	CiTY-ST-ZIP PEMBROKE PINES FL 34 CITY-ST-ZIP Change Addition	NAME					0.2	NUM IVIE	L	1			
THE I SEEM SEEMS S	DELETE 34 CITY - ST - ZIP Change Addition	CTOTET ADODECC					63	STRFF	ET AC	DDRESS			
NAME 62 NAME	DELETE 34 CITY - ST - ZIP	STREET ADDRESS	1				1 5.0						

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if further certific that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if further certific that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if further certific that the information indicated on this annual report or supplemental annu

CR2E034 (12/95)