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

SIGNATURE:

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NEIL FLAXMA	AN, PROFESSIONAL	. ASSOCIATION								
						I INDIINII IN HAA HAIH BII				
Principal Place of Busine	ess	Mailing Addres			- 1					
550 BILTMORE WAY		550 BILTMOF STE 780	RE WAY							
STE 780 CORAL GABLES FL 33	3134		LES FL 33134				0 15 1	J 6- 0-4-	of Look Do	
US		US			3	. Date Incorporated or 11/14/1991	Qualified	3a. Date 03	/14/199	
2. Principal Place of Bu	usiness	2a. Mailing Add	dress		4	. FEI Number 65-0294621				oplied For
1]		26	# sts							lot Applicable Additional
Suite, Apt. #, etc.		Suite, Apt.	#, etc.		5	. Certificate of Status I	Desired			lequired
City & State		City & Stat	е		6	. Election Campaign F) May Be
3		28				Trust Fund Contribut				to Fees
Zip	Country	Zip	├	country	8	. This corporation has Florida Statutes	liability for in	ntangible tax	k under s	199.032,
<u> </u>	25 ame and Address of Curi	29 Penistered Agen	30	1		. Name and Address			gent	
9, Na	alle and Address of Cult	tent registores rigor		B1 Nam		<u> </u>				
FLAXMAN, NEIL	1			82 Stre	nt Address (P.O. Box Number is No	nt Acceptable	e)		
550 BILTMORE				02 300	5t Addiess (.o. box (terriber le / te				
#780				83						
CORAL GABLES	S FL 33134			84 City					85 Zip	Code
				1 1 1				<u>FL</u>		
11. Pursuant to the pro	ovisions of Sections 607.05	502 and 607.1508, Flor Iorida, Such change wa	rida Statutes, the a	above-named	corporation 's board of	submits this statement directors, I hereby acco	t for the purp opt the appo	ointment as	registered	agent. I am
tamiliar with, and a SIGNATURE	ovisions of Sections 607.05 it, or both, in the State of Fl accept the obligations of, S typed or prated name of registered a	ection portoco, more	a Statistics:	above-named ne corporation ered Agent signat		reinstating!		DATE		
SIGNATURE Signature t	typed or printed name of registered a	gent and title if applicable. AND DIRECTORS	(NOTE: Registe	ered Agent signat.				DATE ICERS AND	DIRECTO	RS IN 12
SIGNATURE Signature to 12.	typed or priviled name of registered at OFFICERS	gent and title if applicable. AND DIRECTORS	(NOTE: Registe	ered Agent signat. 3.	ire required when	reinstating) ADDITIONS/CHANG	ES TO OFFI	DATE ICERS AND		
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