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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

|   | 1996   | GO NT TO  | DIVISION O   | ir CONFON   | ATTOMS   |   |   |   |  |
|---|--|---|--|---|--|---|---|---|--|
|   | MENT # S   | 95749   | (5)  |   |  |   |   |   |  |
| 1. Corporation ORON   | ZO, INC.   |   | •  |   |  |   |   |   |  |
|   |  |   |  |   |  |   |   |   |  |
| Principal Place   | of Business  | 1   | Mailing Address  |   |  | I INGILIA IIA LAIDI AILII LABI AI   | DIN TOU DENUT MINE  |   | EIGH BIBII IODI  |
| 5671 THORN<br>DAVIE FL 33   |  |   | 5671 THORNBLUFF AVE<br>DAVIE FL 33331                                      |   |  |   |   |   |  |
|   |  |   |  |   |  | 3. Date Incorporated or Qualified 11/21/1991                                      | 3a. Date o  | of Last R<br>/28/19                                 |  |
| . Principal Pla   | ace of Business  | 2a<br>26  | Mailing Address  |   |  | 4. FEI Number<br>65-0305639   |   |   | Applied For<br>Not Applicable  |
| Suite, Apt. #   | f, etc.  | 27  | Suite, Apt. #, etc.  |   |  | 5. Certificate of Status Desired  |   |   | Additional<br>Required   |
| City & State  |  | 28  | City & State   |   |  | Election Campaign Financing     Trust Fund Contribution                           |   |   | 0 May Be   |
| Zρ  | Country<br>25  | 29  | Zip  | 30  | intry  | 8. This corporation has liability for   | rintangible tax   |   |  |
| 1   | 9. Name and Addres   |   |  | 1001  |  | 10. Name and Address of New I   |   | gent  |  |
|   |  |   |  |   | 81 Namo  |   |   | <u> </u>  |  |
|   | OSO, GUISEPPE  |   |  |   | 82 Street Addir  | ress (P.O. Box Number is Not Accepta  | hle)  |   |  |
|   | IORNBLUFF AVE  |   |  |   |  |   |   |   |  |
| DAVIE F   | L 33331  |   |  |   | 83   |   |   |   |  |
|   |  |   |  |   |  |   |   | 1221 5  | Code   |
|   |  |   |  |   | 84 City  |   | PT 1  | 85   Zij  |  |
| 1. Durguant to  | the provisions of South  | 00 F07 0500 and 6   | OZ 1500 Flyida Old   |   | - T  |   | FL  | l i i   |  |
| Pursuant to<br>or registere   | o the provisions of Sectioned agent, or both, in the S                                   | ns 607,0502 and 6<br>State of Florida. Suc                        | 07.1508, Florida Statu<br>ch change was authori                            | ites, the abo   | - T  | ration submits this statement for the pured of directors. I hereby accept the app | FL<br>urpose of chan<br>pointment as re                   | l i i   |  |
|   | o the provisions of Section<br>ad agent, or both, in the S<br>h, and accept the obligati | ns 607,0502 and 6<br>State of Florida. Suc<br>ons of, Section 607 | 07.1508, Florida Statu<br>ch change was authori<br>7.0505, Florida Statute | ites, the abo<br>ized by the d<br>is.   | - T  | ration submits this statement for the purid of directors. I hereby accept the app | FL<br>prose of chan<br>pointment as re                    | l i i   |  |
| GNATURE   | Signature, typed or printed name of  | registered agent and title i                                      | if <b>a</b> pplicable (N   |   | - T  |   | FL<br>prose of chan<br>pointment as re                    | l i i   |  |
| GNATURE   | Signature, typed or printed name of  |   | if anylicable (N<br>CTORS  | OTE Registered  | ive-named corpor<br>corporation's boar   |   | PATE  DATE  | ging its registered                                 | egistered offic<br>agent. I am<br>RS IN 12                                 |
| GNATURE   | Signature, typed or printed name of<br>OF  | registered agent and title i                                      | if <b>a</b> pplicable (N   | OTE Registered 13.  | ve-named corporation's boar  | id when reinstating!  | PATE  DATE  | ging its r<br>egistered                             | egistered offic<br>agent. I am   |
| GNATURE - E   | Signature, typed or printed name of OF P VENTUROSO, GUI                                  | registered agent and title i                                      | if anylicable (N<br>CTORS  | 13.<br>1.1 TI   | ve-named corporation's boar  | id when reinstating!  | PATE  DATE  | ging its registered                                 | egistered offic<br>agent. I am<br>RS IN 12                                 |
| GNATURE  R.  LE  ME  REET ADDRESS   | P VENTUROSO, GUI 5671 THORNBLUF  | registered agent and title i                                      | if anylicable (N<br>CTORS  | 13.<br>1.1 TI<br>1.2 NA<br>1.3 ST   | ve-named corporation's boar Agent signature require TLE MME REET ADDRESS   | id when reinstating!  | PATE  DATE  | ging its registered                                 | egistered offic<br>agent. I am<br>RS IN 12                                 |
| GNATURE   | Signature, typed or printed name of OF P VENTUROSO, GUI                                  | registered agent and title i                                      | if anylicable (N<br>CTORS  | 13.<br>1.1 TI<br>1.2 NA<br>1.3 ST   | ve-named corporation's boar Agent signature require TLE MME REET ADDRESS TY-ST-ZIP   | id when reinstating!  | Urpose of chan<br>pointment as re<br>DATE<br>FICERS AND E | ging its registered  DIRECTO Change                 | egistered offic<br>agent. I am<br>RS IN 12                                 |
| GNATURE  .  LF  ME  REET ADDRESS  Y-SI-ZIP  LE  | P VENTUROSO, GUI 5671 THORNBLUF DAVIE FL S VENTUROSO, LES                                | registered agent and title in FICERS AND DIRE SEPPE F AVE.        | if ayy#ceble (N<br>CTORS<br>DELETE   | 13.<br>1.1 TI<br>1.2 NA<br>1.3 ST<br>1.4 CI   | ve-named corporation's boar Agant signature require ITLE MME REET ADDRESS TY-ST-ZIP TLE  | id when reinstating!  | Urpose of chan<br>pointment as re<br>DATE<br>FICERS AND E | ging its registered                                 | egistered offic<br>agent. I am<br>RS IN 12                                 |
| GNATURE  2.  LE  ME  REET ADDRESS  Y-SI-ZIP  LE  ME   | P VENTUROSO, GUI 5671 THORNBLUF DAVIE FL S VENTUROSO, LES 5671 THORNBLUF                 | registered agent and title in FICERS AND DIRE SEPPE F AVE.        | if ayy#ceble (N<br>CTORS<br>DELETE   | 13.<br>1.1 TI<br>1.2 NA<br>1.3 ST<br>1.4 Ct<br>2.1 TI<br>2.2 NA   | ve-named corporation's boar Agant signature require ITLE MME REET ADDRESS TY-ST-ZIP TLE  | id when reinstating!  | Urpose of chan<br>pointment as re<br>DATE<br>FICERS AND E | ging its registered  DIRECTO Change                 | egistered offic<br>agent. I am<br>RS IN 12                                 |
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| GNATURE  I.  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADORESS  Y-ST-ZIP  LE  ME   | P VENTUROSO, GUI 5671 THORNBLUF DAVIE FL S VENTUROSO, LES 5671 THORNBLUF                 | registered agent and title in FICERS AND DIRE SEPPE F AVE.        | if applicable (N<br>COTORS DELETE  | OTE Rogstered  13.  1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 CI 3.1 TI 3.2 NA                                       | Againt signature require  Againt signature require  ITLE  AME  REET ADDRESS  TY-ST-ZIP  TLE  AME  REET ADDRESS  IY-ST-ZIP  TLE  AME  REET ADDRESS  IY-ST-ZIP  TLE  AME  REET ADDRESS  IY-ST-ZIP  TLE  AME  | id when reinstating!  | DATE FICERS AND E   | ging its registered  DIRECTO Change                 | egistered office agent. I am  RS IN 12 Addition Addition                   |
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SIGNATURE: \_\_

GUNTURE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-27-96 Date

L1 3 4-5 981