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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996				Secretary of State DIVISION OF CORPORATIONS												
	OCUN Corporation	/ENT #	S96398	(0)												
		COLORS I	NC.													
									1111							
Pr	monal Place	of Business		Mailing Address												
Principal Place of Business 4338 S.W. 8 STREET			4338 S.W. 8 STREET													
MIAMI FL 33134			MIAMI FL 33134													
											d or Qualifie	ed 3	a. Date			
	Eleipoino Dio	ce of Business		2a. Mailing Address						5/1991	·		05/	01/18		
21	типара та	ce or business	a. Ivialing Address				4. FEI Number 65-0296832					Applied For Not Applicable				
22	Suite, Apt. #	, etc.	Suite, Apt. #, etc.			:	5. Certificate of Status Desired Search Fee Required						itional			
	City & State			City & State				-			n Financing	g C	1		00 ма	
23	<i>Ζ</i> φ	Country Zip				Country				und Contr	nas liabil <b>it</b> y				ed to F	
24	- ,	25	· -	9	30	,				Statutes		Yes [		uncer :	, 155.0	.52,
		9. Name and	Address of Current Re	gistered Agent				1	0. Name	and Addi	ess of Ne	w Regi	stered A	gent		
	TAVO I	LOOUEUNE				81	Name									
TAKO, JACQUELINE 4338 S.W. 8 STREET					[	82	Street A	ddress (	(P.O. Box I	Number is	Not Accer	otable)				
	MIAMI FL				ŀ	83							<del></del>			
						84	City							85 2	ip Cod	
							•						<u>FL</u>		-	
11	i. Pursuant to or registere	o the provisions c ed agent, or both	Sections 607.0502 and in the State of Florida S	607.1508, Florida Statute luch change was authorize	es, the aboved by the c	orpc orpc	amed cor bration's b	poration poard of	submits to directors.	his staten I hereby a	nent for the accept the a	purpos appointr	e of chan nent as r	ging its egistere	registe d agen	red office t, I am
		i, and accept the	obligations of, Section 6	07.0505, Florida Statutes												
81	GNATURE .	Signature, typed or port	od name of registered age it and fit		TE Registered	Agent	signature rec	quired wher					DATE			
12		DD.	OFFICERS AND DIF		13.		<del></del>		ADDITIO	ONS/CHA	NGES TO (	OFFICE				
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11'	LF	PD		☐ DELETE	2 1 Til	ιF								Change		Addition
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14. Ldo 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 oath; that I am an officer of director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attechnical unit in address.

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STHEE! ADDRESS

2/19/96 Datu Deytinie Phone # CR2E034 (12/95)