## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

Principal Placi 2801 SW 114 /	AVE.	Mailing Address 2901 SW 114 AVE.						
MIAMI FL 3316 US	5	<b>Miam</b> i FL 33165-210 US	09					***************************************
					3. Date Incorporated or Qualified 12/30/1991		te of Las 19/199(	
	ace of Business	2a. Mailing Addres	SS .		4. FEI Number 65-0305137		<u> </u>	Applied For Not Applicable
Suite, Apl	#, etc.	26     Suite, Apt #, e	tc.					5 Additional
2		27			5. Certificate of Status Desired	<u></u>		Required
City & State	. <del></del>	City & State			6. Election Campaign Financing Trust Fund Contribution	M		00 May Be ad to Fees
Z1)	Country	Zip	Co	ountry	8. This corporation has liability for		tax unde	···
4	25	29	30]	<u> </u>	Florida Statutes  10. Name and Address of New Re	Yes [		······································
<u> </u>	<ol> <li>Name and Address of Cultivation</li> <li>Name and Address of Cultivation</li> </ol>	LIGHT MAGISTELEO WHOLE	·	81 Name	10. Marie din Modress di New Me	adiereten 1	4gent	· · · · · · · · · · · · · · · · · · ·
	1 SW 104 AVE			82 Street Add	dress (P.O. Box Number is Not Accepta	ble)		·
MIA	MI FL 33165			83				
				03				
				84 City		FL	85 Z	ip Code
					poration submits this statement for the ation's board of directors. I hereby acce	purpose of pt the app	changin ointment	g its registered as registered
SIGNATURI 12. Tilli	Signature Typic Lee pointed name of registers OF LICERS		(NOTE Register	red Agent signature requ l. TITLE		DATE		ORS IN 12
SIGNATURE  12. THE NAME	Signature: typicd or panted name of registere OFFICERS	d agent and the Papplicable AND DIRECTORS	(NOTE Register  13. ETE 1.11	red Agent signature requ	ared when reinstating!	DATE	DIRECT	ORS IN 12
SIGNATURE  12. THE NAME SIRECT ADDRESS	Signature typical or pointed name of registers OF LICERS PO CEBALLOS, ORFELINA A	d agent and the Pupplicable AND DIRECTORS	(NOTE Register 13. ETE 1.1 1.21 1.31 1.44	red Agent signature requi.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	ared when reinstating!	DATE	DIRECT Chang	ORS IN 12 ge Addition
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Mar 28 1997 8:00am

Secretary of State

220-4282 Daytime Phone #

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