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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # V06179

(8)

incipal Place of Business	Mailing Address
8220 SW 109TH AVE	16220 S.W. 109TH AVE.
11AM1 FL 33157	Miami Fl 33157-2812
S	US

FILED Apr 17 1997 8:00am Secretary of State

16220 SW 109TH AVE 16220		Mailing Address 16220 S.W. 109TH AVE. MIAMI FL 33157-2812 US	220 S.W. 109TH AVE. AMI FL 33157-2812					
				3. Date Incorpo 01/13/199	rated or Qualified		e of Last 3/1996	
2. Principal F	Plane of Business	2a. Mailing Address		4, FEI Number		1		pplied For
21		26		65-03250)44			lot Applicable
Stite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of	Status Desired			Additional Regulred
22 City & Sta	te	City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Carr	paign Financing			May Be
23		28		Trust Fund C				i to Fees
Ζφ	Country	Zip	Country	8. This corporal	ion has liability for i			s. 199.032,
24	25	29	30	Florida Statut		Yes [
	9. Name and Address of Curre	nt Registered Agent	81 Name		ddress of New Re	gistered A	gent	
	RMEY, JOHN		oi Name					
	220 S.W. 109 AVENUE		82 Street	Address (P.O. Box Nurnt	er is Not Acceptab	ole)		
MIA	AMI FL 33157		83		+			
							.,	
			84 City			FL	65 Zip	Code
othice or	registered agent, or both, in the State	02 and 607,1508, Florida Statu e of Florida, Such change was	les, the above-named authorized by the cor orida Statutes	f corporation submits this poration's board of direct	statement for the plors. I hereby accep	ot the appo	intment a	s registered
agent I. SIGNATURE	am familiar with, and accept the oblig	gations of, Section 607.0505, Fl punt and title if applicable (NO)	Orida Statutes. [E: Registered Agent signatur	e required when revistating)		DATE		
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noe nereby certify that the information indicated on a larm an officer or director appears in Block 12 or 8 supplied with this filling does not quality for the exemption stated in Section 119.7(3)(i), Florida Statutes. Further certify intal the profit of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that tration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: