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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCU LA AI	MENT RENOSA,)13	(2)	·		······································						
Litte	ILHOUN	INO:											
Principal Place	e of Business		N	/Jailing Address			<u></u>		1 188% ELIORI ILEAN (6% 88%)				
35 S. SEMORAN BLVD 35 S. SEMORAN BL ORLANDO FL 32807 ORLANDO FL 32807 US US									Date Incorporated or Qualified				
2. Principal Pl	lace of Busine	300	T-a-	5 4 . W					01/14/1992	3a. t	ate of Las 07/14	st Report I/1995	
21			26 26	2a. Mailing Address 26			4.	FEI Number 59-3101804		-	Applied For Not Applicable		
Suite, Apt.			27	Suite, Apt. #, etc.			5.	Certificate of Status Desired			.75 Additional ee Required		
City & State			28	City & State				6.	Election Campaign Financing Trust Fund Contribution	[7]	\$5	.00 May Be	
Zip 24	Country 25		29	Z ₍ p		Country		8.	This corporation has liability for	intangible	a tax unde	dded to Fees ers 199,032,	
		and Address of Curr	rent Regis	29 30 30 at Registered Agent						s 🔲 No		· · · · · · · · · · · · · · · · · · ·	
			_			81	Name	10.	Name and Address of New	Registere	d Agent		
ROSALES, JESUS					<u>[]</u>			Irono (P	O. Box Number is Not Accepta	01_X	· · · · · · · · · · · · · · · · · · ·		
	4457 LIPTON COURT ORLANDO FL 32817					L	STEEL AGG	ress (r .	38 (F.O. Box Number is Not Acceptable)				
VIII 17	100 16 020	17				83							
						84	w.i.,			F		Zip Code	
11. Pursuant to or register	o the provisioned agent, or b	ns of Sections 607.05 both, in the State of Fig	02 and 60	7.1508, Florida Statute	es, the al	bove r	named corpor	ration s	ubmits this statement for the purectors. I hereby accept the app	rpose of o	hanging if	ts reaistered office	
familiär wit	h, and accept	the obligations of, Se	ction 607.	0505, Florida Statutes.	еа ву иж -	e corpi	oration's boa	ard of an	rectors. I hereby accept the app	ointment	as register	red agent. I am	
SIGNATURE		r printed name of registered age					l signature require						
12.		OFFICERS A			13		t signature require		nstating: ADDITIONS/CHANGES TO OFF	DATE	JO DIDEO	TODE IN 10	
TITLE NAME	DUGYIE D	es, Jesus		DELETE	1.1	TITLE			100010011	IOL/13 A	Chang		
STREET ADDRESS	4.489 1.489611.661.55					1.2 NAME							
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STREET ADDRESS					4.3 \$	STHEET A	LODRESS						
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NAME				☐ DELETE	- 1	TIFLE	Ì				Change	Addition	
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CITY-ST-ZIP						STREET A CHTY-ST-	I						
TITLE				DELETE		TILE	- 211	-			☐ Change	Addition	
VAME					6.2 N	IAME					Onlings	☐ V39 ((0))	
TREET ADDRESS					6.3 S	TREET A	DDRESS						
1117-51-21P 4. I do hereby :	certify that the	information enoplied	with this f	lipo in colores de Colore		HY-SI-							
Gaur, mar ra	im an omder d	or director of the core	aratica ar t	ing is voluntarily turnish or supplemental annua the receiver or trustee c chment with an addres		is true pred to	not qualify for and accurate execute this	r the ex e and th report a	emption stated in Section 119.0 hat my signature shall have the s as required by Chapter 607, Flo	7(3)(k), Fi arne lega rida Statu	orida Statu Leffect as tes; and th	utes. I further if made under nat my name	