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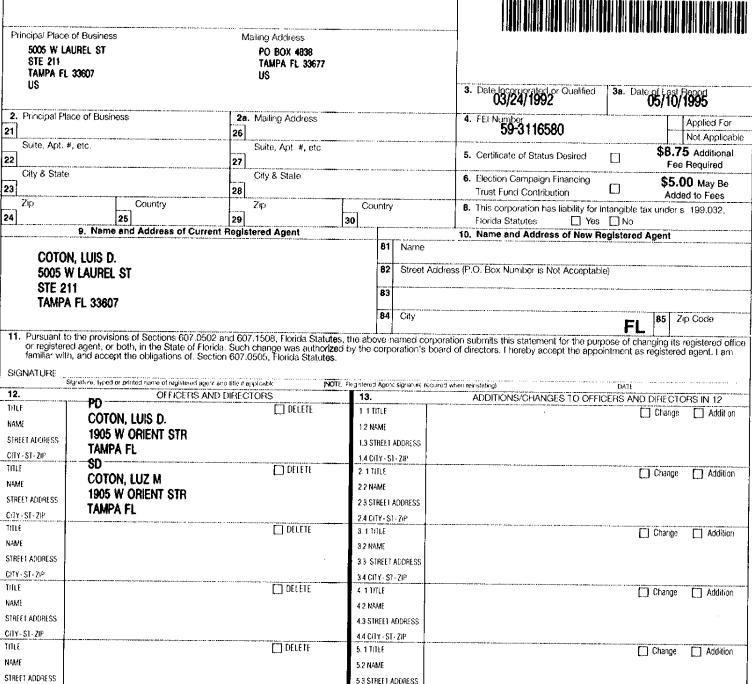


FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

LUIS D. COTON P.A.



14. I do 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 cath, that I am an officer or 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 13 if changed, or on an attachment with an address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 64 CITY-ST-ZIP

6.11.TLE

6.2 NAME

SIGNATURE:

CITY-ST-7IP

STREET ADDRESS

THILE

NAME

SIGNATURE AND TYPED OR PRINTED A

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4/29/96 (8/3) 288-8111

Change

Addition

(12/95)CR2E034