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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporatio	MENT # V2619 RIOR PAINTING BY STEVE	• •		1 (88) (8 (8)8 (4)8 (4)8 (4)8 (4)8 (4)8 (L 1883 SISIJ SISIJ SISIJ SISIJ SISIJ SISIJ SISIJ
Principal Place	e of Business	Maiting Address			
		, and the second			
			18TH COURT 3H FL 33179		
				3. Date Incorporated or Qualified	3a. Date of Last Report
				04/03/1992	05/30/1995
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suita Ani	W of a	26		65-0326417	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #. etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Z(5)	Country	8. This corporation has liability for in	
24	25	29	30	Florida Statutes 🗹 Yes	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Ro	egistered Agent
			81 Name		
AUERBACH, BRENDA			82 Street Ac	ddress (F.O. Box Number is Not Acceptabl	0)
21120 NE 18 CT					
NO MIA	VMI BCH FL 33179		83		
			84 City		85 Zip Code
11. Pursuant t	to the provisions of Sections 607 050	2 ap. 1 607 1509 Florida State	to: No ob any pagradian	ionation submits this statement for the purp	FL S S S S S S S S S
SIGNATURE	Signature typed or printed notice array the coper	nion 607.0505, Fiorida Statute	S (************************************		(DATE)
TOTLE	DP	DELETE	1111116	ADDITIONS/CHANGES TO OFFIC	CEHS AND DIRECTORS IN 12 Change Addition
NAMÉ	AUERBACH, BRENDA		1.2 NAME		Onunge Addition
STREET ADDRESS	21120 N.E. 18 CT.		13 SPREEL ADDRESS		
CITY-SI-ZIP	N. MIAMI BEACH FL		1.4 CHY+SE ZIP		
TITLE		☐ DELETE	2 1 1016		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - S* - ZIP			2.4 CHY ST-7IP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		ļ
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		ET bereit	3.4 C:TY-S!-Z:P		
NAME		☐ DELETE	4 1 T LLE		Change Addition
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
THE	7.77	DELETE	4.4 CITY - ST. 209 5.1 Title		Change Addition
NAME			5.2 NAME		Crange: (Addition)
STREET ADDRESS			5.3 STREET ADDRESS		
CiTY-ST-ZiP			5.4 CFY+S7, ZP		
TITLE		☐ DELET€	6 FTITLE		Change Addition
NAME			6.2 NAME		
STREE1 ADDRESS			6.3 STREET ADDRESS		
CITY - ST- ZIP			6.4 CITY - \$1 - 7 iP		

14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accordance and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute his report as required by Chapter 607. Florida Statutes, and that my name appears in Brock 12 or Brock 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Daylor Proces.

4/30/36 305/932.3480