SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1	1996		9 86 11 10	5/	DIVISION OF	COR	PORATIO	DNS				
DOCUN 1. Corporation	/ENT Name	# \	/29482	2	(9)							
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Aloili	162 (FE) (140	.										IEJI BITIH BIBNI BIBIK NEDE
Principal Place	of Business	<u>—</u>		Mai	ling Address							
3811 N. FEDER	ral Highwa	١Y		3 8 ⁻	11 n. Federal High	WAY						
FT LAUDERDAI	LE FL 33306	1		FT	LAUDERDALE FL 33	308				- Data land		/ L (C)
										3. Date Incorporated or Qualified 04/17/1992		e of Last Report 19/1995
2. Principal Place of Business					2a. Mailing Address					4. FEI Number		Applied For
Suite, Apt # etc					Suite Apt #, ctc					65-0332346		Not Applicable \$8.75 Additional
22				27						5. Certificate of Status Desired		Fee Required
City & State					City & State					6. Flection Campaign Financing	Γ]	\$5.00 May Be
23 Zip		Coun	itry	28	Z.p	Ţ	Country	,		Trust Fund Contribution 8. This corporation has liability for	intanci≱le ≜	Added to Fees
24		25		29		30			.	Florida Statutes	Yes	No
	9. Name	and Add	ress of Current	Registe	ered Agent		81	Name		Name and Address of New Re	gistered A	gent
	PHOLZ, J						82	Streat	Address	(P.O. Box Number is Not Acceptate	de A	
	VIICH, MA 6 HOLLYV		š klpaholz i Vd.	P.A.						(1.0. box Number 13 Not Acceptate	·	
	LYWOOD						83					
							84	City			FL	85 Zip Code
11. Pursuant to	n the provis	ons of Se	ctions 607.0502	and 607	7.1508, Florida Statu	ites th	ne above	named	corporat	ion submits this statement for the phoard of directors. Thereby accept	urpose of ci	nanging its registered
agent Lan	n famil at wi	th, and ac	cept the obligat	ions of	Section 607.0505, FI	autrio lorida	Statutes	the corp	poranion s	noard of directors. Thereby accept	rme appon	imeni as registeren
SIGNATURE.	Standard (type)	 Or to steal its	एक व प्रस्तु संस्कृत अनुस्त	Sand Mauf.	anderable (NC	THE RE	to bened Ann	er sanah n	ra nemina al	Ferren Statug)		
12.			OFFICERS AND		TORS		13.			ADDITIONS/CHANGES TO OFFICE		DIRECTORS IN 12
TITLE	PD	OFF 14121	//L) 0.10\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		[_] DETELE		11 TITLE				L	Change Addition
NAME STREET ADDRESS			(IN, SAOWANI AL HIGHWAY	tt			1.2 NAME 1.3 STREFT	ADDRESS				
CITY-ST-ZIP			E FL 33308				14 C:TY - S					
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CITY - ST - ZIP							2.4 CiTY -					
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NAME							4. 2 NAME					
STREET ADDRESS CITY - ST - ZIP							4.3 STREET					
TITLE					DELETE	I	5 1 DILE	, <u>41</u>				Change Addition
NAME							5.2 NAME					
STREET ADDRESS							5.3 STREET					
CITY-ST-ZIP TITLE					DELETE		5 4 CHY S	51 - ZIP				Change Addition
NAME							6 2 NAME				Leva	- leaved
STREET ADDRESS							63 STREE					
CITY ST ZIP	v certify tha	I the infor	mation supplied	with this	s filing is voluntarily f	urnish	64 CITY - S		t qualify f	or the exemption stated in Section	119 07:3(k)	- Florida Statutes I
further cer made und	tify that the or oath, tha	informatic Tam an c	or indicated on t officer or directo	his annu r _i of the c	ial report or supplem	nental ceiver	annual r or truste	eport is se empo	true and	accurate and that my signature sha execute this report as required by t	ill have the	same legal effect as if
SIGNATI	URE:	SIGNATI	URE AND TYPED OF	PRINTED N	AME OF SIGNING OFFICE	RORD	RECTOR	-		Date	ອກ	do e Propo a