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

PROFIT



FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT 1996				Sandra B Secretar DIVISION OF C		ONS					
DOCUN 1. Corporation		V3637	1	(5)							
SBE, IN	IC.						1100111111111111				1
Principal Place	of Business		Mailing A	 .ddress							İ
446 COLLINS AVE MIAMI FL 33139		446 COLLINS AVE MIAMI FL 33139									
US			US				3. Date Incorporat 05/15/199		3a. Date of L 05/01	ast Report I/1995	
2. Principal Pla	ce of Business		2a. Mailir 26	g Address			4. FEI Number 65-03379	185		Applied For Not Applicat	ole
Suite, Apt. #	, etc.		Suite 27	, Apt. #, etc.			5. Certificate of St	atus Desired	<u> </u>	8.75 Additional Fee Required	
City & State			Oity 8	& State			6. Election Campa Trust Fund Con	tribution	L	5.00 May Be Added to Fees	
Zip <b>24</b>	25	Country	Zip <b>29</b>		Country 30	<i>,</i>	8. This corporation Florida Statutes	Yes	∐ No		
9. Name and Address of Current Registered Agent						7-7-1-1-	10. Name and Address of New Registered Agent				
	. corret b				81	i		enta evekul navati			
THREATT, ROBERT R 446 COLLINS AVE					82	Street A	ddress (P.O. Box Number	is Not Acceptac	MC)		
	ICKELL AVENU	JE			83						
	EACH FL 3313				84	City			<b>P</b> 8	5 Zip Code	_
				S Etc. Co. Co.	the election		paration cultivate this state	so cost for the nu	FL Truces of changing	no its registered of	ffice
11. Pursuant to or registere	o the provisions of ed agent, or both	of Sections 607.0502 I, in the State of Flori e obligations of, Sect	z and 607.1600 da. Such chan	s, Fiorica Statut ge was authoriz Florido Statutor	es, the above red by the corp	poration's I	poration submits this state poard of directors. Thereby	accept the app	ontment as regi	stered agent. I am	3
	n, and accept the	e obligations or, Sect	1001007.00005,	rionda Statutes	s.						
SIGNATURE _	Signature typed or prin	iteJ name of registered മുഹ				art signature re	produce is not dog:	ANGES TO OFF	HOLOR AND DIE	EATORS IN 12	
12.	OTO	OFFICERS AN	D DIRECTORS	S DELETE	13.		DP ADDITIONS ON	AUROE S. TO OLI	IDENS AND BIL		 on
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64 CITY-S1-ZIP

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 oath; that I am an officer of director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment withyan address.

6 2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

SIGNATURE AND TYPED OR PRINTING OF SIGNING OFFICER OF DIRECTOR

3/19/96 305-532-2519

CR2E034 (12/95)