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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthy m Secretary of State

	1996 DIVISION OF CORPORATIONS										
DOCU 1. Corporation	MENT #	V39092		(4)							
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Principal Place	e of Business		Mailing Addre	ess					# 1881 B1831 8681	il biğil biği	1 E1611 810 11 1 00 1
396 ALHAMBRA CIRCLE 396 ALHAMBRA CIRCLE											
SUITE #602 SUITE #602 CORAL GABLES FL 33134 CORAL GABLES FL 33134					24						
US			US					3. Date Incorporated or Qualified	3a. Date	of Last F	leport
2 Priocical Pl	are of Business		a Mallion A	deler e e				05/20/1992 4. FEI Number	04	1/19/19	
21 90 Ba	ace of Business UCKEUL KE	1 DR 26	301	SRUU	eu k	e4]	W.	65-0350527		⊢ +	Applied For Not Applicable
Suite Apt				#, etc.							5 Additional
22 50	<u> </u>	27		1				5. Certificate of Status Desired			Required
City & Statt 23 M (2	w	FZ 28	City Sta	AM	(FC	• •	Election Campaign Financing Trust Fund Contribution			May Be
^{Zip} スス	121 Cour	/) \ / 1 \ \ \-	رووات	2 1	Countr	SCA	_	8. This corporation has liability for i			
ا مرسمت [24]	9 Name and Add	dress of Current Reg		$\supseteq I$	[30]	K)/]		Florida Statutes 💟 Yes			
		- Tool of the too	istored Ager		81	Name		10. Name and Address of New R	egistered A	gent	
PARMEN	NTER, DARRYL W				0.7	-		70.0 D. M. L. M. L.			***************************************
396 ALHAMBRA CIRCLE 82 Street Addig							Addigs 1 Ok	s (P.O. Box Number is Not Asceptable)	OF_		
SUITE 6					83	-	7)9		*****		
CORAL	GABLES FL 33134				84	City	h			85 Zij	n Code
11. Pursuant t	to the provisions of Se	ctions 607 (G) and 6	07 1509 Flo	rida Statu da a	the phase	M	[7]	na	FL		53/3/
pr register familiar wit	ed agent, or both, in the	he State of Florida Sui igations of Section 17	ch change wa	nua Statutes as authorized	t by the con	named ed oration's	board	on submits this statement for the pur of directors. I hereby accept the apport	pose of char pintment as t	nging its r registered	egistered office Lagent, Lam
SIGNATURE	*	D	A CONTRACTOR OF THE PARTY OF TH	Signal Co.	MAPLI	- 1/1	M	LAMELTER 5	UgK	16	
	Signature, typed or printed nar	uc of registered against and title		(NOTE	: Rogistered Ago	nt signature r	required wi		DATE		
12. Title	PTS	OFFICERS AND DIRE		ELETE	13.		Т	ADDITIONS/CHANGES TO OFFI			
NAME	PARMENTER, D	ARRYL W		L. C. C.	1.2 NAME			,		Change	Addition
SYREE1 ADDRESS		CIRCLE, SUITE 60	02			T ADDRESS	501	BRICKEU KEY 11Anu F. 3:	DR	,#	:505
CITY-ST-ZIP	CORAL GABLES	3 FL	··· — - - + 		1.4 CITY - !	\$1- <i>2</i> 1P	N	11Ami F. 3:	313)	,	
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TITLE			[] D	ELETE	24 CHY-9) " <u> </u>	ļ <u>.</u>] Change	Addition
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STREET ADDRESS					G3 STREET	ADDRESS				5	-1-96
CHTY-ST-ZIF					64 CITY+S	T-71P					<u> </u>
14. I do hereby certify that	certify that the inform the information Indicat	ation supplied with this	s filing is volum	ntarily furnish nental annua	ned and doe	s not qua	lify for ti	he exemption stated in Section 119.0	7(3)(k), Florid	da Statute	es. I further

cathy that I am an officer or director of the corporation for the report as true and accurate 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 for the receiver or trustee 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 on an absolute with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF GINING OFFICER OR DIRECTOR