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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

SIGNATURE:

|  | 96                                  | 90 W  | DIVISION C                     | DE CORPORATIONS  |  |   |                                  |                            |
|--|-------------------------------------|---|--------------------------------|--|--|---|----------------------------------|----------------------------|
| OCUME<br>Corporation Name  | ENT #                               | V40130  | (9)                            |  |  |   |                                  |                            |
| •  | ASHIONS,                            | INC.  |                                |  | 1 1841 1816 1818   |   |                                  |                            |
| Principal Place of B   | Business                            |   | Mailing Address                |  |  | (1815) 11,664 1(1)) 1591 C                | 91011 01011 (1161) Oli           | gri Sigli GiQ11 ISQT       |
| 17100 COLLINS  | AVE.                                |   | 17100 COLLINS AVI<br>SUITE 221 | E.   |  |   |                                  |                            |
| SUITE 221<br>N MIAMI BEACH   | I FL 33160                          |   | N MIAMI BEACH FL               | L 33160  | 3. Date Incorporated   | or Qualified 3a                           | Date of Last                     |                            |
|  | . <del>-</del>                      |   |                                |  | 05/29/1992   |   | 05/01/1                          | Applied For                |
| . Principal Place  | of Business                         |   | 2a. Mailing Address            |  | 4. FEI Number<br>65-033752   | !1  | -                                | Not Applicable             |
| <u></u>  |                                     |   | Suite, Apt #, etc              |  | 5. Certificate of Statu  |   |                                  | 75 Additional              |
| Suite, Apt #, et   | etC.                                |   | 27 Suite, Apr. #, 6:0          |  |  |   |                                  | e Required                 |
| City & State   |                                     |   | Oty & State                    |  | 6. Election Campaign<br>Trust Fund Contri  | bution                                    |                                  | .00 May Be<br>ided to Fees |
| 3  |                                     | 20 into:  | 7(1)                           | Country  | 8. This corporation h  | nas liability for intan                   | ngible tax under                 |                            |
| Z <sub>P</sub>   | 25                                  | Gountry:  | 29                             | 30   | Florida Stratutes  10. Name and Addr   | Yes L                                     | j No                             |                            |
| 4  | 9. Name and                         | Address of Current  |                                | B1 Nan   |  | 233 OF REM HEGIS                          | ARRIIL                           |                            |
|  |                                     |   |                                | 1 1  | nie<br>eet Address (P.O. Box Number is   | : Not Accentable:                         |                                  |                            |
| PORAT, DA  | AVID                                | ** 7 000  |                                |  | ST PROBINITY XOG .O. 19 666 THE  |   |                                  |                            |
| 290 174Th  | П 51 <del>#1105</del><br>Веасы ег 2 | 3160 W  |                                | 83   |  |   |                                  |                            |
| N. MIAMI BEACH FL 33160  |                                     |   |                                | 84 City  | · · · · · · · · · · · · · · · · · · ·  |   | FL 85                            | Zip Code                   |
| 11. Pursuant to t<br>or registered<br>familiar with  | and accept the                      | ne obligations of, Section  | on 607.0505, Florida Stat      | statutes, the above named  | d corporation submits this statem<br>in a board of directors. Thereby a  |   | - (ATE                           |                            |
| 11. Pursuant to to<br>or registered<br>familiar with   | and accept the                      | of Sections 607,0502 in the State of Florida<br>e obligations of, Section of Sec | on 607,0505, Florida Stal      | tables the above named horized by the comporation status.  ### ### ############################  | d corporation submits this statem<br>in a board of directors. Thereby a  | next for the purpos<br>accept the appoint | - (ATE                           | CTORS IN 12                |
| 11. Pursuant to the or registered familiar with SIGNATURE  5%  12.   | PD PORAT. D                         | OFFICERS AND  | ON 607.0505, Florida Stat<br>  | tratules the above named thronged by the comporation streets.  ### 13.   | d corporation submits this statem<br>in's board of directors. Thereby a<br>strategion statement of ADDITIONS/CHA   |   | CIATE<br>ERS AND DIREC           | CTORS IN 12                |
| 11. Pursuant to the or registered familiar with SIGNATURE Str. Title NAME STREET ADDRESS   | PD PORAT, D. 290 174Th              | OFFICERS AN:  AVID  1 ST #1105  | ON 607.0505, Florida Stat<br>  | tables the above named horized by the comporation status.  ### ### ############################  | d corporation submits this statemen's board of directors. Thereby a structure of the resident ADDITIONS/CHA  |   | TATE<br>ERS AND DIREC<br>Char    | CTORS IN 12<br>nge         |
| 11. Pursuant to to or registered familiar with SIGNATURE  12. TILE NAME SIREET ADDRESS CITY-ST-ZIP   | PD PORAT, D. 290 174Th              | OFFICERS AND  | ON 607.0505, Florida Stat<br>  | tradules the above named inches the above named inches and the comporation in the second appropriate that the second appropriate the second appropriate that the second ap | d corporation submits this statemen's board of directors. Thereby a structure of the resident ADDITIONS/CHA  |   | CIATE<br>ERS AND DIREC           | CTORS IN 12<br>nge         |
| 11. Pursuant to the or registered familiar with SIGNATURE Str. 12. TITLE NAME STREET ADDRESS   | PD PORAT, D. 290 174Th              | OFFICERS AN:  AVID  1 ST #1105  | ON 607.0505, Florida Stat      | tradutes: the above named increase by the comporation in the service april operation in the s | d corporation submits this stated on so board of directors. Thereby a structure of the resident of ADDITIONS/CHA   |   | TATE<br>ERS AND DIREC<br>Char    | CTORS IN 12<br>nge         |
| 11. Pursuant to for registored familiar with SIGNATURE 5%.  12. THE NAME STREET ADDRESS CITY-ST-ZIP THE  | PD PORAT, D. 290 174Th              | OFFICERS AN:  AVID  1 ST #1105  | ON 607.0505, Florida Stat      | tradutes: the above named nonzed by the corporation futbs.  ### 13.    1   1   1   1   1   1   1   1   1   | d corporation submits this statemen's board of directors. Thereby a structure of the control of ADDITIONS/CHA  |   | CATE  FIS AND DIFFE.  Char  Char | CTORS IN 12 ngF            |
| 11. Pursuant to to or registered familiar with. SIGNATURE  12. TILLE NAME SIREET ADDRESS OUTY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP   | PD PORAT, D. 290 174Th              | OFFICERS AN:  AVID  1 ST #1105  | ON 607.0505, Florida Stat      | Itatules: the above named increase by the comporation in the service April agreed in t | d corporation submits this statemen's board of directors. Thereby a structure of the control of ADDITIONS/CHA  |   | TATE<br>ERS AND DIREC<br>Char    | CTORS IN 12 ngF            |
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DAUD PORAT

PR95. 1/3/16 (305) 940-0026