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PROFIT CORPOF:ATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

| 200:11   | 996                                    | SO WE TO  | DIVISION C   | DIVISION OF CORPORATIONS   |  |  |                              |  |  |
|--|--|---|--|--|--|--|------------------------------|--|--|
| DOCUN  1. Corporation h  | MENT #                                 | V41829  | 9 (5)  | )  |  |  |                              |  |  |
| CARM   | EN M. MORA                             | ALES, P.A.  |  |  |  | 44604 81441 8484 4484 461                    | A 3181A 1811 B1811           |  | (6() 316() 813() 468(                                  |
| · · · · · · · · · · · · · · · · · · ·  |  |   |  |  | ·  |  |                              |  |  |
| Principal Place o  | of Business                            |   | Mailing Address                                      |  |  | 1 10471 411911 07301 11001 73711             |                              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,        |  |
| 28 W FLAGLER ST<br>12TH FLOOR<br>MIAMI FL 33130-1806   |  |   | 28 W FLAGLER ST<br>12TH FLOOR<br>MIAMI FL 33130-1806 |  |  |  |                              |  |  |
|  |  |   |  |  | 3. Date Incorporated or Qualified 06/08/1992   | I  | of Last F<br><b>05/23/</b> 1 |  |  |
| 2. Principal Plac  | ce of Business                         |   | 2a. Mailing Address                                  |  |  | 4. FEI Number                                |                              | <b> </b>                                       | Applied For  |
| Suite, Apt. #,   | , etc.                                 |   | Suite, Apt. #, etc.                                  |  |  | 65-0342598  5. Certificate of Status Desired |                              | \$8.7  | Not Applicable  5 Additional                           |
| City & State   |  |   | City & State   |  |  | 6. Election Campaign Financing               |                              |  | Required  May Be                                       |
| ]  |  |   | 28   |  |  | Trust Fund Contribution                      |                              |  | ed to Fees   |
| Zφ   | <u> </u>                               | Country   | Zip  | <b></b>  | intry  | 8. This corporation has liability for        |                              | ax under s                                     | 199.032,   |
| <u>L</u>   | 25                                     | Address of Current R                              | 29 agistered Agent                                   | 30   | <u> </u>   | Florida Statutes Y                           |                              | Agent  |  |
|  | g, Italije alid i                      | Address of Content of                             | ogistered Agont                                      |  | B1 Name  |  |                              |  |  |
| MORAL  | ES, CARMEN I                           | M.  |  |  | 82 Street Add  | dress (P.O. Box Number is Not Accept         | lable)                       | <del>-</del>                                   |  |
| 28 W. I  | Flagler St.                            |   |  |  | 00   |  |                              |  |  |
| 12TH F   |  |   |  |  | 83   |  |                              |  |  |
| MIAMI I  | FL 33130                               |   |  |  | 84 City  |  | FL                           | 85 Z   | ip Code  |
| 1 Purcuant to  | the provisions of                      | f Sections 607 0502 an                            | d 607 1508 Florida Stat                              | utes the abo   | ve-named corpo   | oration submits this statement for the p     | nursees of ob                | <u>- l                                    </u> | reaistered office                                      |
| familiar with  | n, and accept the                      | obligations of, Section                           | 607.0505, Florida Statut                             | inzeo by the i<br>les.   | corporation s bo   | ard of directors. Thereby accept the a       | pkvoi i ii i i os ii as      | , 109,5,610                                    | o ogomini om   |
| SIGNATURE  |  | ed name of registered agent and                   | title if applicable                                  |  | corporation s oo<br>d Ageni signature requi  |  | ()ATE                        |  |  |
| SIGNATURES   |  |   | title if applicable                                  | (NOTE: Flegistered   | d Agent signature гескі  | red when reinstating)                        | (XATE<br>FFICERS ANI         |  | ORS IN 12  |
| SIGNATURES   | Signature, typed or printe             | ed name of registered agent and                   | title if applicable                                  | (NOTE: Registered  | d Agent signature rectai   | red when reinstating)                        | (XATE<br>FFICERS ANI         | DIRECT   | ORS IN 12  |
| SIGNATURES<br>12.<br>ITLE  | P<br>MORALES<br>28 W. FLA              | ad name of registered agent and<br>OFFICERS AND D | title if applicable IRECTORS DELETE                  | NOTE: Hegistered<br>13.<br>1.1.1<br>1.2.N  | d Agent signature rectai   | red when reinstating)                        | (XATE<br>FFICERS ANI         | DIRECT   | ORS IN 12  |
| SIGNATURE S 12. ITLE IAME ITREET ADDRESS ITY-ST-ZIP  | Signature, typed or printe P MORALES   | of name of registered agent and OFFICERS AND D    | THE OTORS  DELETE                                    | NOTE: Hegistered<br>13.<br>1 11<br>12 N<br>1.3 S<br>1.4 C  | TAGENT SIGNATURE FORCE  ITTLE  AME  TREET ADDRESS  ITY-ST-ZIP  | red when reinstating)                        | (MTE<br>FFICERS ANI          | D DIRECTO                                      | ORS IN 12  |
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**SIGNATURE** 

CHATURE AND TYPED OR PRINTED NAME OF SIGNING DEPICER OR DIRECT

Date 4/03/96 379-422