COF	PROFIT RPORATION UAL REPORT 1996	Sandra Secre	ARTMENT OF STATE a B. Mortham etary of State F CORPORATIONS		
DOCUMENT # V44780 (7) 1. Corporation Name					
	ET, INC.	- 1		J TO BLA GUILLA STOUL OT DUE HOUSE TOWN	ATN BIBN BIBN BIBN BIBN BIBN BIBN BIBN 1861
Principal Place	of Rusinass	- A A A			
2761 S. OAI	KLAND FOREST DRIVE #101 ARK FL 33309	Mailing Address 2761 S. OAKLAND FO OAKLAND PARK FL 3			
				3. Date Incorporated or Qualified 06/19/1992	3a. Date of Last Report 04/19/1995
2. Principa! Pi	ace of Business	2a. Mailing Address		4. FEt Number 65-0342727	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ 24	Country 25	Zip 29	Country 30	This corporation has liability for it Florida Statutes Yes	ntangible tax under s. 199.032,
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
MELLO,	RAYMOND			ress (P.O. Box Number is Not Acceptable	
	OAKLAND FOREST DRIVE #101			ress (F.O. Box Number is Not Acceptable	e)
UAKLAN	ID PARK FL 33309		83		
			84 City		85 Zip Code
11. Pursuant t or register familiar wit	to the provisions of Sections 607.0502 ed agent, or both, in the State of Florid th, and accept the obligations of, Section	and 607.1508 Florida Statuti a. Such change was authoriz on 607.0505, Florida Statutes	es, the above named corpored by the corporation's boats.	oration submits this statement for the purpord of directors. Thereby accept the appo	pose of changing its registered office intrinent as registered agent. I am
SIGNATURE	Styriature, typect or printed name, of registered a just a				
12.	OF FICERS AND		1. Flagish and Agent signals relieques 13.	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIDECTORS IN 10
TITLE	PT	☐ DELETE	1 1 TITLE	7.557.1010.017.10E-0.10 0111	CERS AND DIRECTORS IN 12 Change Addition
NAME	MELLO, RAYMOND		1.2 NAME		_
STREET ADDRESS	GAM AND DAGGE		13 STREET ADDRESS		
CITY - ST - ZIP TITLE	OANDAND FANK FL	☐ DELETE	1.4 CITY-ST-ZIP		I
NAME		wence	2 1 TITLE 2 2 NAME		Change Addition
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CHTY - ST - ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADORESS		
CITY-S!-ZIP TITLE		DELETE	3.4 C(TY - ST - Z(F)		
NAME		E outre	4. 1 TITLE 4.2 NAME		☐ Change ☐ Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHY+ST ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5 4 CITY - ST - ZIP		
		☐ DELETE	6 1 TITLE		Character Character
TITLE NAME			6 2 NAME		☐ Change ☐ Addition

CITY-ST-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 or director of the corporation or 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 chapter 6, or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE: __

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96

954-458-1643 Daytine Proces