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

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

	Name IN DON, IN	<b>V4528</b> c.		(0)				
Principal Place	of Business	<del></del>	Mailin	ng Address		·-· -		
9600 THANKSGIVING DR MIAMI FL 33157		9600 THANKSGIVING DR MIAMI FL 33157						
						3. Date Incorporated or Qualific 06/18/1992		te of Last Report 02/14/1995
2. Principal Pla	ace of Business		2a. M	lailing Address	y	4. FEI Number	1	Applied For
i]			26			65-0339302		Not Applicable
Suite, Apt. #	ŧ, etc.		F	uite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional
City & State			27	ity & State		6. Election Campaign Financing		Fee Required
3			28	ity & Ototo		Trust Fund Contribution		\$5.00 May Be Added to Fees
Zφ		Country	Zı	p	Country	8. This corporation has liability f		
<u> </u>	25		29		30		′es □No	
	9. Name and	Address of Curre	ent Register	ed Agent	81 Name	10. Name and Address of Nev	v Registered	Agent
MAINA	u 6							
MINCHIN	n, d. Ianksgiving	DD			82 Street Add	dress (P.O. Box Number is Not Accep	table)	
MIAMI FI		UR.			83			
DISCOUNT 1	C 00 107							
					84 Orty		FL	85 Zip Code
1. Pursuant to or registers	o the provisions	of Sections 607.050	02 and 607.1 rida. Such ct	508, Florida Statui iange was authoria	tes, the above-named corpored by the corporation's boa	pration submits this statement for the pard of directors. Thereby accept the a	ourpose of ch	langing its registered offic
familiar with	h, and accept th	e obligations of, Sec	ction 607.050	05. Florida Statute:	s.	and the discount of the constant of the consta	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o rogioto do agonti rain
	Signatura turand or refe	oted name of regulatory are	at and the decree			elasen ma Lita é	DAT	
	Signature, typod or prin	nted name of registered agui		cable (N	OTE: Registered Agent signature require	ed whomenstatogi ADDITIONS/OHANGES TO O	DATE FFICERS ANI	D DIRECTORS IN 12
2.	Signature, typod or prin			cable (N	OTE Hogostered Agent signature require	<del>.</del>	FFICERS AN	D DIRECTORS IN 12
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 (3.5) 322 5844