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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:

| · · · Oorporate  | MENT # V470<br>ICO, INC.  | 82 (5  | )  |                                       | 4 158/4 \$1121/ \$181/ 128/4 24/4/   | Jiā liāt siau aj   | <b>-</b>                    | 18(1 B12) ( B13) ( 188                  |
|--|---|--|--|---------------------------------------|--|--|-----------------------------|---|
| Principal Plac   | e of Business   | Mailing Address  |  |                                       |  |  |                             |   |
|  | ' ISLES BLVD.   | 240 SUNNY ISLES  | : RIVN   |                                       |  | 14 <b>0</b> 1100 0700 01   | 014 <b>4</b> 4811 <b>8</b>  | (MIE MIMEL MIMIL (MR)                   |
| MIAMI BEACH FL 33160   |   | MIAMI BEACH FL 33160   |  |                                       |  |  |                             |   |
|  |   |  |  |                                       | 3. Date Incorporated or Qualified  | 3a. Date   | of Las                      | t Report                                |
|  | lace of Business  | 2a. Mailing Address  |  | · ——                                  | <b>06/30/1992</b> 4. FEI Number  | 0  | 5/01/1                      |   |
| Suite, Apt.  | # oto   | 26   |  |                                       | 65-0367484   |  | -                           | Applied For<br>Not Applicable           |
| 22   | #, etc  | Suite, Apt. #, etc   |  |                                       | 5. Certificate of Status Desired   | П  | \$8.                        | 75 Additional                           |
| City & State   | e   | Crty & State   |  |                                       | Election Campaign Financing  |  |                             | e Required                              |
| <b>23</b> Zip  |   | 28   |  |                                       | Trust Fund Contribution  |  | \$5.                        | <b>00</b> May Be<br>ded to Fees         |
| 24   | Country 25  | Zip <b>29</b>  | Country  |                                       | 8. This corporation has liability for  | intang/ble ta  | x under                     | s 199.032,                              |
|  | 9. Name and Address of Curre  | ent Registered Agent   | 30   |                                       | Florida Statutes  Yes  | 5 <b>[X</b> ]No  |                             |   |
|  |   |  | 81 N   | me                                    | 10. Name and Address of New I  | Registered /   | Agent                       | <del></del>                             |
| POSTER   | RARO, FRANCO  |  | 82 St  | eet Addres                            | ss (P.O. Box Number is Not Acceptal  | · ,  |                             |   |
|  | NNY ISLES BLVD.   |  |  |                                       |  | Die)   |                             |   |
| MAMIE  | BEACH FL 33160  |  | 83   |                                       |  |  |                             |   |
|  |   |  | <b>84</b> Cr   | · · · · · · · · · · · · · · · · · · · |  |  | 85                          | Zip Code                                |
|  |   |  | ł 1  | y                                     |  |  | 11                          | -p 0500                                 |
| 11. Pursuant t   | to the provisions of Sections 607.050   | 12 and 607.1508, Florida Sta   |  | =                                     | on ruboute this state  | <u>FL</u>  |                             |   |
| 11. Pursuant t<br>or register<br>familiar wit  | to the provisions of Sections 607,050 ed agent, or both, in the State of Florth, and accept the obligations of, Sec | 12 and 607,1508, Florida Sta<br>ridal Such change was autho<br>stron 607,0505, Florida Statu |  | =                                     | on submits this statement for the pu<br>of directors. Thereby accept the app         |  | nging its<br>registere      | registered offici                       |
| SIGNATURE  | an, and accept the obligations of, Sec  | tion 607 0505, Florida Statu   |  | =                                     | on submits this statement for the purification of directors. I hereby accept the app |  | nging its<br>registere      | registered offici<br>of agent. I am     |
| SIGNATURE .  | Signature types or protest raise of each tree training  | Clion 607 0505, Florida Statu  | tutes, the above name<br>orized by the corporate<br>tes.   | d corporation's board                 | Feorgraphics   | rpose of char<br>ointment as i   | registere                   | o agent I am                            |
| SIGNATURE _  | Signature types or protest raise of each tree training  | ction 607 0505, Florida Statu<br>Talcife Pagicale<br>ND DIRECTORS                            | tutes, the above name<br>orized by the corporati<br>tes.  (NOTE: 54 gates d'Agrerage)  | d corporation's board                 | - exectore. Thereby accept the app   | rpose of char<br>ointment as i<br>DATE<br>ICERS AND  | DIRECT                      | ORS IN 12                               |
| SIGNATURE .  | Signature tyres or proper takes charge freedings  OFFICERS AN   | Clion 607 0505, Florida Statu  | tutes, the above name orized by the corporate tes.  (ACIE 56 game d'Apersigna 13.  | d corporation's board                 | Feorgraphics   | rpose of char<br>ointment as i<br>DATE<br>ICERS AND  | registere                   | ORS IN 12                               |
| SIGNATURE .  12. TITLE   | Symbol bread the obligations of, Sec<br>Officers An   | ction 607 0505, Florida Statu<br>Talcife Pagicale<br>ND DIRECTORS                            | tutes, the above name orized by the corporate test.    Notice   Supercol Agencies   13.  | d corporation's board                 | Feorgraphics   | rpose of char<br>ointment as i<br>DATE<br>ICERS AND  | DIRECT                      | ORS IN 12                               |
| SIGNATURE _  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | OFFICERS AN  D POSTERARO, FRANCO 240 SUNNY ISLES BLVD. MIAMI BEACH FL   | ction 607 0505, Florida Statu<br>Talcife Pagicale<br>ND DIRECTORS                            | tutes, the above name orized by the corporate tes.  (ACIE 56 game d'Apersigna 13.  | d corporation's board                 | Feorgraphics   | rpose of char<br>ointment as i<br>DATE<br>ICERS AND  | DIRECT                      | ORS IN 12                               |
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| SIGNATURE  | D POSTERARO, FRANCO 240 SUNNY ISLES BLVD. MIAMI BEACH FL D FIGLIA, DOMENICO 240 SUNNY ISLES BLVD.                   | offen 607 0505, Florida Statu<br>可可能 1555 offen 605<br>ND DIRECTORS                          | tutes, the above name orized by the corporate tes.  10016  | d corporation's board                 | Feorgraphics   | Dose of cha<br>cointment as I<br>DATE<br>ICERS AND   | DIRECT Change               | ORS IN 12                               |
| SIGNATURE _ 12. TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP  | OFFICERS AND D POSTERARO, FRANCO 240 SUNNY ISLES BLVD. MIAMI BEACH FL D FIGLIA, DOMENICO                            | Stori 607 0505, Florida Statu  | tutes, the above name orized by the corporate tes.  100116   | d corporation's board                 | Feorgraphics   | Trose of chan<br>contrient as I  | DIRECT Change               | ORS IN 12                               |
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