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PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

DOCUMENT # **V47915**

(6)

EXCHANGE, INC. Proceinal Place of Business Mailing Address						
Principal Place of Business 2281 N.W. 36TH STREET BOCA RATON FL 33431		Mailing Address 2281 N.W. 36TH STREET BOCA RATON FL 33431				
				 Date Incorporated or Qualified 06/29/1992 	3a. Date of Last R 10/02/199	·
 Principal Place of B 	usiness	2a. Mailing Address		4. FEI Number	├ }-	Applied For
Culo Act # obs		Suite, Apt. #, etc.		65-0347009		Not Applicable Additional
Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		Required
City & State		City & State		6. Election Campaign Financing	\$5.0	O May Be
3]		28		Trust Fund Contribution		d to Fees
Zip	Country	Zıp	Country	8. This corporation has liability for i		199.032,
<u> </u>	25	29	30		□ No	
9. N	ame and Address of Cur	rent Registered Agent	B1 Name	10. Name and Address of New R	legistered Agent	
ROSEN, BORIS			82 Street Add	ress (P.O. Box Number is Not Acceptab	ole)	
25 S.E. SECON SUITE 220	NU AVE.		63			
MIAMI FL 3343	14					
MIMMI FE 3343) 1		84 Crty		FL 85 Z1	p Code
		oos and oor rigoo, nonda balaa	co, i lo docto marros corpo			
1.71	nt, or both, in the State of Facepot the outgains of s	rucuc (UO)	ed by the corporation's boas. OTE: Bag stered Agent signature require.	ration submits this statement for the pur ard of directors. I hereby accept the appoint ad when reinstating!	ointment as registered	
SIGNATURE Signal	typica or printed hame of registered.	rucuc (UO)			DATE ICERS AND DIRECTO	
SIGNATURE غلام الم	typna är priihid kana: of registeren OFFICE RS	gent and title if anythoable (N	OTE: Registered Agent signature require	ed when reinstating!	DATE	
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