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

CORPORATION



FLORIDA DEPARTMENT OF STATE

	JAL REPORT 1996			ary of State CORPORATI	ONS			
* * * *	MENT # V48 (/	(8)					
	'S HOUSE, INC.		•					
	• (10000)					 		NA
Principal Place	of Business	Mailing Add	lress					
8480 SW 521		8480 SW	52ND AVE.			ď		
MIAMI FL 33	1716	MIAMI FL	. 33716					
						3. Date Incorporated or Qualified 07/06/1992	3a. Date of Last F 01/23/19	
	ice of Business	2a. Mailing	Address	,·		4. FEI Number		Applied For
∐ Suite, Apt. #	T etc.	26 Suite A	pt. #, etc.			65-0357519		Not Applicable
	. 010.	27] Solle, A	pt. #, etc.			5. Certificate of Status Desired		5 Additional Required
Oty & State		City & S	tate			6. Election Campaign Financing	\$5.0	00 May Be
В[- Zip :	Country	28 Zip		Country		Trust Fund Contribution 8. This corporation has liability for in	Add∈	ed to Fees
1	25	29	·	30		Florida Statutes System Florida Statutes		3 199,032,
	g. Name and Address of Cu	irrent Registered Ag	ent	B1	Name	10. Name and Address of New Ro	egistered Agent	
CORPO	RATION INFORMATION SER	MCES INC		L				
1201 HA	NYS ST.	NOLO NIO.		82	Street Add	ress (P.O. Box Number is Not Acceptable	e)	_
TALLAH	ASSEE FL 32301			83				
				84	City		FL 85 2	ip Code
ignature. 2.	Styrial to typical respirators require of regulations.					ration submits this statement for the purp rd of directors. I hereby accept the appo		
e. Ilf T			(NOT	IE Registered Agen	it signature require		DATE	
		S AND DIRECTORS	DELFTE	TE Registered Agen 13. 1. 1 TITLE	it signature require	d when reinstaling) ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTO	
I	D BLINSKI, HOPE C.	S AND DIRECTORS		13.	it signature require			
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cath; that I am an officer or director of this arindal 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 this conjuration 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR