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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(5)

DOCUMENT #
1. Corporation Name MOSSWOOD, INC.



Description Disease								
Principal Place	a of Business	Mailing Andress						
3979 NE 163 STREET N MIAMI BEACH FL 33160		P.O. BOX 630817 MIAMI FL 33163						
N MIAMI BE	ACH FL 33160	MIAMI FL 33103						· · · · · · · · · · · · · · · · · · ·
00					 Date Incorporated or Qualified 07/28/1992 	3a. Date o 03/	of Last Re 21/199	oort 5
2. Principa! Place of Business		2a. Mailing Address		65-0357030 Not A		pplied For ot Applicable		
Suite, Apt. #, etc.		26				Additional		
Suite, Apr.	#, 600.	27			5. Certificate of Status Desired		Fee R	equired
City & State		City & State		6. Election Campaign Financing		•	May Be	
]		28			Trust Fund Contribution	for intangible tax under s 199.032,		
- <i>Z</i> ıp Ti	Country	Zip	Country 30	,		rintangibie tak is ∐No	under 5	189.002,
1	25 9. Name and Address of Currer	29 nt Registered Agent			10. Name and Address of New		gent	
	<u></u>		81	Name				
PREMIÈ	R ASSET MANAGEMENT		82	Street Add	ress (P.O. Box Number is Not Accepta	able)		
3115 NE 163 STREET				<u> </u>				
n mian	AI BCH FL 33160		83					
			84	City		FI	85 Zipi	Code
	to the provisions of Sections 607.050					<u>FL</u>		
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For nevery certify that the information supplied with this single solution by turnished and does not quality for the exemption scaled in Section 119 0765(k), Florida Statutes, 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 changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dautoni Phone #