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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # **V54360**

(5)

Apr	11	1997	8:00am
Se	cre	tary c	of State

1975 E SUNRI SUITE 604 FT LAUDERDA		Mailing Address 1975 E SUNRISE BLVD SUITE 604 FT LAUDERDALE FL 33					
US		บร			3. Date Incorporated or Qualifie 07/31/1992	od 3a. Date of Las 05/01/199	
	lace of Business	2a. Mailing Address		- 	4. FEI Number		Applied For
Suite, Apt	# elc	Suite, Apt. #, etc.			65-0343287	60 7	Not Applicable 5 Additional
22		27			5. Certificate of Status Desired		Required
City & Stat	te:	City & State			6. Election Campaign Financing		00 May Be
23 Zip	Country	28 Zip	Coun	try	Trust Fund Contribution 8. This corporation has liability		r s. 199.032.
24	25	29	30		Florida Statutes	Yes 🔀 No	,
	9. Name and Address of Curren	it Registered Agent			10. Name and Address of New	Registered Agent	
	ZANO, SANDRA J.		}*	Name	LOZANO, SANI		
	23 northwest 55th Street Rt Lauderdale FL 33309		Į.	Street Add	dress (P.O. Box Number is Not Accept 15 E. Sunrise Blvd.	hable)	
101	III PADDENDADE LE 00000		Ī	33	TO O. DUTTISC - NO.		······································
			-	34 City 4		85 Z	in Code .
	to the provisions of Sections 607.050		i		. Lauderdale		3384 -
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change wa	s authorized	by the cornor.	ation's board of directors. I hereby an	cept the appointment	as registered
agent La SIGNATURE							
SIGNATURE	Signature Typed or printed hard of registined age	ent and little of applicable. (f	OTE Registered		uired when reinstating)	DATE	
	Squature typed or profed hard of registered age OFFICERS AND	ent and little of applicable. (f		Agerk signature req	uired when reinstating) ADD(TIONS/CHANGES TO OF	DATE	ORS IN 12
SIGNATURE	Synthetripod or profed have discissed age OFFICERS AND PST LOZANO, SANDRA J.	ent and fillri if applicable. (f D DIRECTORS	OTE: Registered	Agent signature req	ulied when resistating) ADDITIONS/CHANGES TO OF PST LOZANO, Sandra	DATE FICERS AND DIRECT Change	ORS IN 12 De Addition
SIGNATURE 12. HILE NAME STREET ADDRESS	Synctric typed or profest hard of registered age OFFICERS AND PST LOZANO, SANDRA J. 3323 N.W. 55TH STREET	ent and fillri if applicable. (f D DIRECTORS	NOTE Registered 13. 1.1 TITL 1.2 NAM 1.3 STR	Agent signature req	uired when resistating) ADDITIONS/CHANGES TO OF PST LOZANO, Sandra 916 E. Sunrise Blvd	DATE FICERS AND DIRECT Change Surfu 60	ORS IN 12 De Addition
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I 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 eath; 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:

Sandukane Printed Name of Signature and Types of Printed Name of Signature

SANORA LOZONO BAMY

4-1-97

(954) 485650L

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