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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

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Principal Place of	(Discourse	Ma	eiling Address		<u>-</u>					
,	JNE RD., #532	IVIC	782 N. LEJEUNE RD MIAMI FL 33126	S. Date incorporated or Qualified   Sa. Date of Last Report   O9/16/1992   O4/13/1995   O4/13/						
								За.		
2. Principal Place	e of Business	— ₁	Maling Address						<b>⊢</b>	··
∐ Suite Apt.#,	etc.	26	Suite, Apt. #, etc.							<del>:</del>
<u>:</u>		27	·							
City & State		201	City & State							
]	Country	28	Zip	Coun	try		·	intangit		<del> </del>
<u> </u>	25	29		30						
	9. Name and Address of Curre	nt Regis	tered Agent		R1 Name		10. Name and Address of New	Registe	red Agent	
חב ו בח	N, CECILIA			L		A al al as	- (D.O. Boy Mumber in Not Assente	blo!		
	LEJEUNE ROAD, SUITE 532			['	82 Street	Adores	is (P.O. Box number is not accepta	Olej		
	L 33126				B3					
				-	84 City				<b>85</b> Zip	Code
4. Francisco 1 40	the real joines of Partiago 607 666	2 and 60	7 1509 Florida Statuta	ne the abov	n pamod c	orporat	ion submits this statement for the n			anistered offic
or registered	Figent, or both, in the State of Flor , and accept the obligations of, Sec	ida. Such	n change was authorize	ed by the co	orporation's	board	of directors. I hereby accept the ap	pointme	nt as registered	agent. I am
	, ана ассері тле обіядайонѕ от, бес	HON BUT	DODO, monda Statutes							
iignature 	gradure, typed or printed name of registered age				Agent signature	required v				·
2.	OFFICERS AF	ND DIREC	DT ORS DELETE			7.77	ADDITIONS/CHANGES TO OF	FICERS	- <del> </del>	~~~~
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OILY-SI-ZIF				6 4 01	TY-ST-ZIP	1	AND THE RESERVE AND ADDRESS OF THE PARTY OF	0.07/01/	A Florida Charles	ton 16.45-
14. I do hereby certify that I oath, that I	certily that the information supplied the information indicated on this are ann an officer or director of the cor Block 12 or Block 13 if challiged, o	nual repo po <b>j</b> ation o	ort or supplemental and or the receiver or truste	nished and nual report in no empower	does not a	lalify for accurate this	r the exemption stated in Section 11 e and that my signature shall have the report as required by Chapter 607,	9.07(3)( ne same Florida s	k), Florida Statut legal effect as it Statutes; and the	res. I further I made unde at my name

SIGNATURE: