LENLIAM STATE

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ZINI	1997		DIV	VISION OF C	ry of State CORPORATIO	ONS	Score	my O	150	
1. Corporati	JMENT ION NAME OL DEPOT,	# V6927 INC.	'4 (1)			-1 1894 SIGNA BINTO 1980 MSIV YBBIL SI	iði árani áláki blój		818 11 18 8 1
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Principal Place of Business 824 S.W. 82ND AVENUE MIAMI FL 33174			924 S.W. 82N	Mailing Address 924 S.W. B2ND AVENUE MIAMI FL 33144-4240						
							Date Incorporated or Qualified 10/07/1992		of Last Re 1996	eport
2. Principal	Place of Busin	ness	2a. Mailing A	ddress	****		4. FEI Number 65-0360599		——	plied For t Applicable
Suite, Ap	ol #, etc.	······································	Suite, Apt	t. #, etc.			5. Certificate of Status Desired		\$8.75	Additional
City & St	ate		City & Sta	ate			6. Election Campaign Financing		Fee Re \$5.00	
3			28		T		Trust Fund Contribution		Added t	o Fees
Zip ⊵4	}	Country 25	Ζιρ 29		Country 30	•	This corporation has liability to Florida Statutes	or injungible ta		199.032,
41			rrent Registered Age	nt	1301		10. Name and Address of New I			
	rnandez, f				81	Name				
	4 SW 82 AV				82	Street Add	iress (P.O. Box Number is Not Accept	able)		
Mi	AMI FL 3314	4			83		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			·····
								·	T-1	
									85 Zip (Code
11. Pursuar office o	rit to the provis r registered ag	ions of Sections 607.1 gent, or both, in the St	0502 and 607.1508, Flate of Florida, Such c	lorida Statut hange was	es, the above authorized by	1	poration submits this statement for the tion's board of directors. I hereby acc	FL	1 1	
SIGNATURE		for printed name of registered	ragent and title if applicable		es, the above authorized by orida Statutes E: Registered Age	e-named cor y the corpora s.	poration submits this statement for the tion's board of directors. I hereby acculared when reinstating)	PL e purpose of c ept the appoi	hanging it ntment as	s registered registered
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14. Too 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 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 13 if changed, or on an attachment with an address.

SIGNATURE: N

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED

Apr 23 1997 8:00am