


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

FILED
Apr 22 1996 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1996				FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V71232 (5) 1. Corporation Name TRANQUILITY CORPORATION INC.					
Principal Place of Business 16103 NE 19TH CT N MIAMI BCH. FL 33162 US			Mailing Address 1660 NE 173 ST N MIAMI BCH. FL 33162 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/15/1992	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 04/14/1995	
22 City & State		27 City & State		4. FEI Number 65-0385656	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent ALEXANDER, PEARLINE 1660 N.E. 173RD ST. N MIAMI BEACH FL 33162				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
SIGNATURE				DATE	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NOTE: Registered Agent signature required when reinstating					
1. TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ALEXANDER, PEARLINE				1.2 NAME	
STREET ADDRESS 1660 N.E. 173RD ST.				1.3 STREET ADDRESS	
CITY-ST-ZIP N MIAMI BEACH FL				1.4 CITY-ST-ZIP	
2. TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ALEXANDER, MAJORIE				2.2 NAME	
STREET ADDRESS 1660 N.E. 173RD ST.				2.3 STREET ADDRESS	
CITY-ST-ZIP N MIAMI BEACH FL				2.4 CITY-ST-ZIP	
3. TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ALEXANDER, ALDIN				3.2 NAME	
STREET ADDRESS 1660 N.E. 173RD ST.				3.3 STREET ADDRESS	
CITY-ST-ZIP N MIAMI BEACH FL				3.4 CITY-ST-ZIP	
4. TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP				4.4 CITY-ST-ZIP	
5. TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST-ZIP	
6. TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY-ST-ZIP				6.4 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: PEARLINE ALEXANDER 4/17/96					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CP2E034 (12/95)