

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

95 JUL 14 AM 11:45

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # P94000078186 (1)

1. Corporation Name  
 5024 OF FLORIDA, INC.

Principal Place of Business Mailing Address  
 7852 WILES RD 7852 WILES RD  
 CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report  
 10/25/1994

21	21. Principal Place of Business 3635 NW 106th St	26	26a. Mailing Address 13800 SW 8th Street	4.	4. FBI Number 65-0528314	Applied For				
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc. Suite 402	5.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required				
23	City & State Miami Florida	28	City & State Miami Florida	6.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees				
24	Zip 33184	25	Country DADE	29	Zip 33184	30	Country U.S.A.	7.	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
TRUMBACH, ANDREW 7852 WILES RD CORAL SPRINGS FL 33067				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and file # applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PRESIDENT	11	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ALEXIS HERNANDEZ	12	NAME				
STREET ADDRESS	1691 ROYAL POINCIANA DR	13	STREET ADDRESS				
CITY - ST - ZIP	EE LAUDERDALE FL 33326	14	CITY - ST - ZIP				
TITLE	VP - MARKETING	21	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HORLANBO MUNIZ	22	NAME				
STREET ADDRESS	1301 HAMPTON BLVD	23	STREET ADDRESS				
CITY - ST - ZIP	N. LAUDERDALE FL 33067	24	CITY - ST - ZIP				
TITLE	TREASURER	31	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ROBERT HEADY	32	NAME				
STREET ADDRESS	2810 RIVERSIDE DR #104B	33	STREET ADDRESS				
CITY - ST - ZIP	CORAL SPRING FL 33065	34	CITY - ST - ZIP				
TITLE		41	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		42	NAME				
STREET ADDRESS		43	STREET ADDRESS				
CITY - ST - ZIP		44	CITY - ST - ZIP				
TITLE		51	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		52	NAME				
STREET ADDRESS		53	STREET ADDRESS				
CITY - ST - ZIP		54	CITY - ST - ZIP				
TITLE		61	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		62	NAME				
STREET ADDRESS		63	STREET ADDRESS				
CITY - ST - ZIP		64	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: \_\_\_\_\_ DATE: June 8th/95 (308) 396-7719  
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Name Please)

CR2E034 (3/95)