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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

1	1997	DIVISION OF C	ORPORATIONS		2	
•	MENT # 18417 OOR & CLOSER SERVICE					
Principal Place of Basil ess 7801 NW 29TH ST MIAMI FL 33122		Mailing Address 7801 NW 29TH ST MIAMI FL 33122-1103		T YERREN HARD I INSTITUTUREN HERRE HAN PERIOD FOR STANK BIRTH BIRDI. BIRDI. BERLE.		
			.:	3. Date Incorporated or Qualified 03/28/1955	3a. Date of Last R 03/21/1996	eport
2. Principal Pla	ice of Business	2a. Mailing Address	<del></del>	4. FEI Number 59-0746464		oplied For of Applicable
21   Sule, Apt #	, etc	Suite, Apt. #, etc.			₽0 7E	Additional
22	THE CONTRACT	27		5. Certificate of Status Desired		equired
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zipi	Country	Zip [	Country	8. This corporation has liability fo		
24]	[25]		30]		Yes No	
	9. Name and Address of Curi	ent Registered Agent	81 Name	10. Name and Address of New R	egistered Agent	
	NER, MARTIN		Name	<u> </u>		
	NW 29TH ST    FL 33122		82 Street Ad	Idress (P.O. Box Number is Not Accepta	able)	
MAN	11 1 1 100 122		83			
				75 T		
			84 City		FL 85 Zip	Code
SIGNATURE	gistered agent, or both, in the Startamilian with, and accept the ob-		uthorized by the corporida Statutes  Fingistered Agent signature rec	orporation submits this statement for the ration's board of directors. I hereby acq	ept the appointment as	registered
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		RS IN 12
	PO	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME:	STEINER, MARTIN		1.2 NAME			
SIRFET ADDRESS	460 W. DILIDO DRIVE		1.3 STREET ADDRESS	•		
City-St 7°	MIAMI BEACH FL		1.4 C/TY-ST-ZIP			
TITLE	STD COTHER	☐ DELETE	2.1 TITLE		Change	Addition
)	STEINER,ESTHER 460 W. DILIDO DRIVE		2.2 NAME			
	MIAMI BEACH FL		2.3 STREET ADDRESS			
OHY-ST ZIP THEE	VP	DELETE	2 4 CITY-ST-ZIP 31 TITLE		Change	Addition
NAME	STEINER, JEFFREY		3.2 NAME		L. J Ondrigo	L. Abdillori
STREE ACORESS	10480 S. W. 140TH ROAD		3.3 STREET ADDRESS			
City-St ZIP	MIAMI FL		3.4 CITY-ST-ZIP			
1/fet		☐ DELETE	4.1 TITLE	·	Change	Addition
TarARAs			4 2 NAME			
			4.3 STREET ADDRESS			
Citr-St 3ii			4.4 CHTV-ST-ZIP			
1.01		☐ DELETE	5.1 TOTLE		☐ Change	Addition
NAME		•	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-S! ZH		DELETE	5.4 CITY - ST - ZIP		Change	Addition
TIFLE		₩ DETLIE	6.1 TITLE		Li change	F"1 MODITION
NAVÉ			6 2 NAME			

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 aroual report or supplemental annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or denote of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.4 City - St - ZiP

SIGNATURE:

OHY ST-Zin

**FILED** 

Mar 31 1997 8:00am

Secretary of State

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