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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 189301

(5)

Principal Plac 5734 SUNSET S MIAMI FL 33	DR.	Mailing Address 5734 SUNSET DR. S MIAMI FL 33143-5332					
					3. Date Incorporated or Qualified 12/02/1955	3e. Date of Last Report 02/14/1996	
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number 59-0755245	Applied For Not Applicable	
Suite, Apt.	#. etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	е	City & State	, ,,,,,		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Žip 29	30 Co	untry	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Reg	gistered Agent	
	CHMAN, MARTIN			81 Name			
13245 S.W. 71ST AVENUE MIAMI FL 33156				82 Street Addre	ress (P.O. Box Number is Not Acceptable)		
mus	1111 1 L 00 100			83			
				84 City		FL 85 Zip Code	
office or agent. La	1/1a. In	400/mouros		above-named corp ed by the corporati atutes. ed Agent signature require	oration submits this statement for the pion's board of directors. I hereby accepted when reinstating)	urpose of changing its registered of the appointment as registered DATE	
12.	OFFICERS AN	ID DIRECTORS	13		ADDITIONS/CHANGES TO OFFIC		
THILE	V	☐ DELETE	11	TITLE		Change Addition	
NAME	HOCHMAN, LENORE			NAME			
STREET ADDRESS	13245 S.W. 71ST AVENUE MIAMI FL		1	STREET ADDRESS			
CITY-ST-ZiP	P	☐ DELETÉ		CITY-ST-ZIP		Change Addition	
TITLE I	HOCHMAN, MARTIN	☐ DELETE	- 1	TITLE		Change Addition	
NAME STREET ADORESS	13245 S.W. 71ST AVENUE		- I	NAME CYPSEY ADORESS			
CITY - ST - ZIP	MIAMI FL			STREET ADORESS CITY-ST-ZIP			
TITLE		DELETE		TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME			3.2	NAME			
STREET ADDRESS			3.3	STREET ADDRESS			
C-TY - ST- ZIP			3.4.	CITY-ST-ZIP			
TITLE		DELETE	4.1	TITLE		Change Addition	
NAME:			4.2	NAME			
STREET ADDRESS	<u> </u>		4.3	STREET ADDRESS			
CITY - ST - ZIP			44	CITY - ST - ZIP			
THILE		☐ DELETE	5.1	TITLE		☐ Change ☐ Addition	
NAME			5.2	NAME			
STREET ADDRESS			5.3	STREET ADDRESS			
CITY: ST-ZIP		1160000		CITY - ST - ZIP			
TitLE		☐ DELETE		TITLE		Change Addition	
NAME	İ			NAME			
STREET ADDRESS			- 1	STREET ADDRESS			
CITY-ST-ZIP			6.4	CITY-ST-ZIP			

14. If 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 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.