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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 16 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 454083

(7)

Principal Plac	ALAN M. SANDLER, P.A. rincipal Flace of Business 7 ARAGON AVE 117 ARAGON AVE CORAL GABLES FL 33134 CORAL GABLES FL 33134 118 CORAL GABLES FL 33134-5409								
						3. Date Incorporated or Qualifit 06/07/1974	ed 3a. D 04/	ate of Last F 108/1996	leport
- i '	face of Business		Mailing Address		··	4. FEI Number 59-1539588			oplied For
Suite, Apt.	#, etc.	····	Suite, Apt. #. etc.		<u></u>	Certificate of Status Desired		\$8.75	ot Applicable Additional
City & Stat	le	27	City & State	 		6 Flavior Commiss Financia			equired
3		28	0.1.7 0 0.11.10			6. Election Campaign Financing Trust Fund Contribution	° 🗆		May Be to Fees
Zip	Country		Zip	Countr	У	8. This corporation has liability			199.032,
4	9. Name and Address of	29	and Ament	30		Florida Statutes 10. Name and Address of New		□ No	
CAN	1DLER, ALAN M	Current Registe	reo Agent	81	Name	10, Name and Address of New	Registered	Agent	****
	ARAGON AVE			_	N 50 1144				
	RAL GABLES FL 33134			62	Street Addi	ress (P.O. Box Number is Not Acce	ptable)		
				83	3	<u> </u>		·	
				84	City			85 Zip	Code
					1		FL	• I.L.	
II. I ursuarii	registered point or both in the	007 0002 450	r. 1000, Florida Olas	dies, the door	ro-namou con	poration submits this statement for t	no pulposo c	a calculating i	ragistarea
office or r agent 1 a	registered agent, or both, in ta am familiar with, and accept the	ne State of Florida he obligations of, (a. Such change was Section 607.0505, F	s authorized b Florida Statute	by the corporal es.	tition's board of directors. I hereby a	ccept the app	pointment as	registereu
office or r agent 1 a	Signature, typed or printed name of reg	pstered agent and title it	appricable. (NO		by the corporal	ition's board of directors. I hereby at ired when reinstating)	DATE	pointment as	registered
office or r agent. I a SIGNATURE:	Signature, typed or printed name of reg		applicable, (NC	OTE: Registered Ac	by the corporal es. Sent signature requi		DATE.	D DIRECTOR	1 <u>S IN</u> 12
office or r agent. I a SIGNATURE: 12.	Signature, typied or printing name of reg OFFICI	pstered agent and title it	appricable. (NO	TE: Registered Ac	by the corporal	ired when reinstating)	DATE.		1S IN 12
office or r agent. I a SIGNATURE: 12. THE MAME	Storature, typical or printed name of reg OFFICE P SANDLER, ALAN M.	pstered agent and title it	applicable, (NC	13. 1.1 TITLE 1.2 NAME	by the corporal	ired when reinstating)	DATE.	D DIRECTOR	1 <u>S IN</u> 12
office or r agent 1 a SIGNATURE: 12. THE NAME STREET ADDRESS	P SANDLER, ALAN M. 117 ARAGON AVE	pstered agent and title it	applicable, (NC	13. 1.1 TITLE 1.2 NAME 1.3 STREE	by the corporal signature requirements and signature requirements.	ired when reinstating)	DATE.	D DIRECTOR	1 <u>S IN</u> 12
office of ragent 1 a SIGNATURE: 12. THE NAME SIREET ADDRESS CHY-S1-ZIP	Storature, typical or printed name of reg OFFICE P SANDLER, ALAN M.	pstered agent and title it	applicable, (NC	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	by the corporal set signature requi	ired when reinstating)	DATE.	D DIRECTOR	RS IN 12
office of ragent 1 a gent 1 a SIGNATURE: 12. THE NAME STREET ADDRESS CHY-SI-ZIP HILE	P SANDLER, ALAN M. 117 ARAGON AVE	pstered agent and title it	applicable. (NO ORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE	by the corporal s. ent signature required to the signature required	ired when reinstating)	DATE.	D DIRECTOR	RS IN 12
office of the agent of agent of agent of agent of agent of agent a	P SANDLER, ALAN M. 117 ARAGON AVE	pstered agent and title it	applicable. (NO ORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	by the corporal s. ent signature required to the signature required	ired when reinstating)	DATE.	D DIRECTOR	RS IN 12
office of ragent 1 a gent 1 a SIGNATURE: 12. THE NAME SIREET ADDRESS CHY-S1-ZIP HILE NAME STREET ADDRESS STREET ADDRESS	P SANDLER, ALAN M. 117 ARAGON AVE	pstered agent and title it	applicable. (NO ORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	by the corporal system of signature requirements of ADDRESS ST-ZIP	ired when reinstating)	DATE.	D DIRECTOR	RS IN 12
office of ragent 1 a gent 1 a SIGNATURE: 12. THE NAME SIREET ADDRESS CHY-SI-ZIP HAME STREET ADDRESS CHY-SI-ZIP	P SANDLER, ALAN M. 117 ARAGON AVE	pstered agent and title it	applicable. (NO ORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE	by the corporal strandard signature requirements and ADDRESS ST-ZIP TADDRESS ST-ZIP	ired when reinstating)	DATE.	D DIRECTOR	RS IN 12 Addition
office or ragent. La SIGNATURE: 12. THE NAME STREET ADDRESS	P SANDLER, ALAN M. 117 ARAGON AVE	pstered agent and title it	APPOISABLE (NOTO) OPIS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-	by the corporal standard requirements and apparent requirements and ADDRESS ST-ZIP TADDRESS ST-ZIP	ired when reinstating)	DATE.	D DIRECTOF Change Change	RS IN 12 Addition
office of ragent 1 a gent 1 a SIGNATURE: 12. THE NAME STREET ADDRESS CHY-SI-ZIP THE NAME STREET ADDRESS CHY-SI-ZIP THE	P SANDLER, ALAN M. 117 ARAGON AVE	pstered agent and title it	APPOISABLE (NOTO) OPIS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	by the corporal standard requirements and apparent requirements and ADDRESS ST-ZIP TADDRESS ST-ZIP	ired when reinstating)	DATE.	D DIRECTOF Change Change	
office of ragent 1 as SIGNATURE: 12. THE STREET ADDRESS CHY-ST-ZIP THE STREET ADDRESS CHY-ST-ZIP THE STREET ADDRESS CHY-ST-ZIP THE STREET ADDRESS CHY-ST-ZIP	P SANDLER, ALAN M. 117 ARAGON AVE	pstered agent and title it	appricable, (NO	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-	by the corporal standard signature requirements and signature requirements and ADDRESS	ired when reinstating)	DATE.	D DIRECTOR Change Change	Addition
office of ragent 1 as SIGNATURE: 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ACORESS CITY-ST-ZIP TITLE NAME STREET ACORESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TITLE	P SANDLER, ALAN M. 117 ARAGON AVE	pstered agent and title it	APPOISABLE (NOTO) OPIS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE	yy the corporal sys. Set signature required signat	ired when reinstating)	DATE.	D DIRECTOF Change Change	RS IN 12 Addition
office of ragent 1 as SIGNATURE: 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ACORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME	P SANDLER, ALAN M. 117 ARAGON AVE	pstered agent and title it	appricable, (NO	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4.2 NAME	yy the corporal sys. Seed signature requi IT ADDRESS ST-ZIP IT ADDRESS -ST-ZIP IT ADDRESS -ST-ZIP	ired when reinstating)	DATE.	D DIRECTOR Change Change	Addition
Office of ragent 1 as SIGNATURE: 12. THE STREET ADDRESS CHY-S1-ZIP THE VAME STREET ADDRESS CHY-S1-ZIP THE VAME STREET ADDRESS CHY-S1-ZIP THE VAME STREET ADDRESS CHY-S1-ZIP THE VAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	P SANDLER, ALAN M. 117 ARAGON AVE	pstered agent and title it	appricable, (NO	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE	ent signature requirement signature requirem	ired when reinstating)	DATE.	D DIRECTOR Change Change	Addition
office of ragent 1 as SIGNATURE: 12. THE STREET ADDRESS CITY-S1-ZIP THE VAME STREET ADDRESS CITY-S1-ZIP	P SANDLER, ALAN M. 117 ARAGON AVE	pstered agent and title it	applicable. (NO OPES DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-	yy the corporal sy. Seed signature requi IT ADDRESS ST-ZIP IT ADDRESS -ST-ZIP IT ADDRESS -ST-ZIP IT ADDRESS -ST-ZIP IT ADDRESS ST-ZIP	ired when reinstating)	DATE.	D DIRECTOR Change Change Change	Addition
Office of ragent 1 as SIGNATURE: 12. THE STREET ADDRESS CHY-ST-ZIP THE MAME	P SANDLER, ALAN M. 117 ARAGON AVE	pstered agent and title it	appricable, (NO	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE	yy the corporal system signature requi et address st-zip	ired when reinstating)	DATE.	D DIRECTOR Change Change	Addition
office of ragent 1 a SIGNATURE: 12. THE NAME SIREET ADDRESS CHY-SI-ZIP THE NAME STREET ADDRESS CHY-SI-ZIP THE NAME NAME NAME NAME NAME NAME	P SANDLER, ALAN M. 117 ARAGON AVE	pstered agent and title it	applicable. (NO OPES DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	yy the corporal system signature requi est signature requi est address st-zip est address -st-zip est address -st-zip est address -st-zip est address -st-zip	ired when reinstating)	DATE.	D DIRECTOR Change Change Change	Additio
office of ragent 1 a SIGNATURE: 12. THE NAME SIREET ADDRESS CHY-ST-ZIP THE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	P SANDLER, ALAN M. 117 ARAGON AVE	pstered agent and title it	applicable. (NO OPES DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE	by the corporal is address it address	ired when reinstating)	DATE.	D DIRECTOR Change Change Change	Additio
office of ragent 1 a SIGNATURE: 12. THE NAME SIREET ADDRESS CHY-S1-ZIP THE NAME STREET ADDRESS CHY-S1-ZIP	P SANDLER, ALAN M. 117 ARAGON AVE	pstered agent and title it	applicable. (NO OPES DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-	yy the corporal system signature requi et address st-zip et address -st-zip	ired when reinstating)	DATE.	D DIRECTOR Change Change Change Change	Addition
office of ragent 1 a SIGNATURE: 12. THE NAME SIREET ADDRESS CHY-S1-ZIP THE NAME STREET ADDRESS CHY-S1-ZIP THE	P SANDLER, ALAN M. 117 ARAGON AVE	pstered agent and title it	Applicable. (NO OPIS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE	by the corporal is address it address i	ired when reinstating)	DATE.	D DIRECTOR Change Change Change	Addition Addition Addition Addition
office of ragent 1 a SIGNATURE: 12. THE NAME SIREET ADDRESS CHY-S1-ZIP THE NAME STREET ADDRESS CHY-S1-ZIP	P SANDLER, ALAN M. 117 ARAGON AVE	pstered agent and title it	Applicable. (NO OPIS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME	by the corporal is address it address i	ired when reinstating)	DATE.	D DIRECTOR Change Change Change Change	Additio