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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 454902

(8)

Principal Place of Business Mailing Address Sas N.E. 2ND AVE. MIAMI FL 33138 Miami FL 33138 Miami FL 33138						
					3. Date Incorporated or Qualified 06/18/1974	3a. Date of Last Report 02/08/1996
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	D L	26			59-1539311	Not Applicable
Suite, Apt.	#. OIC	Suite, Apt. #, etc.			5, Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	0	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Countr	у	8. This corporation has liability for	
24	25	29	30			Yes No
	9, Name and Address of Curren	t Registered Agent	81	I Name	10. Name and Address of New Ro	egistered Agent
GREENBERG, ALLAN M MD 9526 N.E. 2ND AVE. MIAMI, FLORIDA 33138			82	Street Addr	ress (P.O. Box Number is Not Acceptal	ble)
3310	~		84			FL 85 Zip Code
SIGNATURE 12.	Signal inelligied or printed name of registered association OFFICERS ANI		TE: Registered A	gent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12 Change Addition
name Street address	GREENBERG, ALLAN M 9528 N.E. 2ND AVE. MIAMI, FLORIDA 00000	o.ceit	1.2 NAME 1.3 STREE	T ADORESS		Change Addition
CITY - ST - ZIP TITLE	P P	DELETE	14 CITY- 21 TITLE	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	GREENBERG, ALLAN M MD	C DEECLE	22 NAME	. -		
STREET ADDRESS	9526 N.E. 2ND AVE.			T ADDRESS		
CITY - SI - ZIP	MIAMI, FLORIDA 00000		2. 4 CfTY	1		
TITLE	D	DELETE	3.1 TITLE			Change Addition
NAME	SILBERT, ALAN M		3.2 NAME	:		
STREET ADDRESS	9526 N.E. 2ND AVE.		3 3 STREI	T ADDRESS	•	
CITY-SI-ZIP	MIAMI, FLORIDA 00000	T progre	3.4. CITY			Charge
TITLE		DELETE	4.1 TITLE	I		Change Addition
NAME			4. 2 NAM	I		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 5.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME		beaut of the last	5.2 NAME	1		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 CITY	1		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			62 NAMI	}		
STREET ADDRESS				ET ADDRESS		

6.4 CITY-ST-ZIP 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 annual report or supplied 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 same 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 same 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 same an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

an address

SIGNATURE:

FILED

Jan 24 1997 8:00am

Secretary of State