

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

FILED

Apr 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 515433 (1)  
1. Corporation Name  
FLEXINI OF MIAMI, INC.



Principal Place of Business: 10 NW 2ND ST. MIAMI FL 33128  
Mailing Address: 10 NW 2ND ST. MIAMI FL 33128-1822

3. Date Incorporated or Qualified: 09/29/1976  
3a. Date of Last Report: 03/20/1996  
4. FEI Number: 59-1706013  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

2. Principal Place of Business (21-23)  
2a. Mailing Address (24-26)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip  
25. Country

9. Name and Address of Current Registered Agent  
GORFINKEL, NESTOR B., ESQ.  
7 NW 2ND STREET  
SUITE 203  
MIAMI FL 33128

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.508, 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: [Signature] DATE: [Blank]

12. OFFICERS AND DIRECTORS  
PD GORFINKEL, LEON  
10 NW 2ND ST MIAMI, FL 00000  
VD CHAILOSKY, MIGUEL  
10 NW 2ND ST MIAMI, FL 00000  
SD SAPOZNIK, MARIO  
10 NW 2ND ST MIAMI, FL 00000  
TD GORFINKEL, JULIUS H  
10 NW 2ND ST MIAMI, FL 00000  
D SAPOZNIK, LAZARO  
10 NW 2ND ST MIAMI, FL 00000  
D GORFINKEL, MARCOS  
10 NW 2ND STREET MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET 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 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 (i) changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 3.14.97

CR2E034 (9/96)