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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 600052

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FILED May 07 1997 8:00am Secretary of State

| Principal Plac | 7 LINCOLN ROAD | Mailing Address LOUIS SCHWARZKOPF ROOM 208 927 LINCOLN R MIAMI BCH FL 33139-2618 | OAD | | | |
|---|--|--|---|--|---|--|
| | | | | 3. Date Incorporated or Qualified 10/23/1961 | 3a. Date of Las 03/28/199 | |
| | Place of Business rthur Godfrey Rd.#40 | 2a. Mailing Address | odfrey Rd.#40 | 4, FEI Number 2 59-0940647 | <u> </u> | Applied For |
| Suite, Apt | | Suite, Apt #, etc. | ourrey Russia | 78. Certificate of Status Desired | 1 1 7 7 | Not Applicable 5 Additional |
| City & State | | City & State | | 6. Election Campaign Financing | | Required May Be |
| n . | Beach, Florida | 28 Miami Beach, | Florida | Trust Fund Contribution | | ed to Fees |
| Zφ | Country | Zip | Country | 8. This corporation has liability for i | | er s. 199.032, |
| 33140 | |] | 30 Dade | | Yes No | |
| • • | Name and Address of Current WARZKOPF, LOUIS | Registered Agent | 61 Name | 10. Name and Address of New Re | gistered Agent | |
| 927 | LINCOLN RD MI BEACH FL 33139 | 2 | 82 Street Add 80 | Pastell Bax Singern Acceptation of the Control of t | ^{je)} #402 | |
| | | | 84 City | lami Beach. | | Zip Code |
| Pose part | to the provide of Sections 650 0403 | and 607 1508 Wride Statute | | | FL 3 | 3140 |
| poset Le | an tamiliar with had soond the children | tions of Continue COT DEDE FIS | rida Statutos | ation's board or directors. I hereby accep | or the appointment | . ឧទ ខេត្តទទេប |
| IGNATURE | am familiar with find accept the oblight Significe, lyper to livited name of registered agen OFFICERS AND | t prig title d'applicable (NOTE DIRECTORS | rida Statutes. Registered Agent signature requ | poration submits this statement for the pation's board of directors. I hereby acception when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE CERS AND DIRECT | FORS IN 12 |
| IGNATURE. 2, ILE AME | Signature, by our columned name of registered agen OFFICERS AND KIRSCH, RALPH E MD 595 SABAL PALM RD | t my title d'applicable (NOTE | Registered Agent signature required. 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS | ared when reinstating) | DATE DATE | ORS IN 12 |
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Information indicated on this annual report or supplemental dinivel 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 rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if chapted, or on an attackment with an address.

SIGNATURE:

GNING OFFICER OR DIRECTOR