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 # J73988

(4)

DETAILS, DETAILS, INC.

Principal Place of Business
SOIS CAUADIN

Mailing Address

FILED Feb 05 1997 8:00am Secretary of State



6816 CAMARIN CORAL GABLES		6816 CAMARIN	6816 CAMARIN CORAL GABLES FL 33146-3820								
						3	Date Incorporated or Qualified 05/18/1987	3a. Date of Last Report 04/29/1996			
2. Principal Pla	2a. Mailing Address	g Address				. FEI Number			Ap	plied For	
21		26					65-0077326 Not Applica				
Suite, Apt #	#, etc.	Suite, Apt. #, etc.			5	. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State	;	City & State				6	Election Campaign Financing Trust Fund Contribution				May Be to Fees
Zip 24	25 29 30			intry		8. This corporation has liability for intangible tax under s. 199. Florida Statutes					199.032,
	9. Name and Address of Curren	I Registered Agent		ļ		10	, Name and Address of New R	egistered .	Agent		
	er, warren			81	Name						
6600 S.W. 57TH AVENUE MIAMI FL 33143					Street A	Address (P.O. Box Number is Not Accepta	ble)			
				83				•			
				84	City			FL	85	Zip (Code
agent Lar SIGNATURE	o the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig	ations of, Section 607.0505,	Florida Stai	tutes	S.				ointme	ent as	registered
	Signature, typed or printed name of registered age		OTE Registere	a Age	int signature r	required whe		DATE OF DE ANIE	DIDE	CTOR	00 141 20
12.	OFFICERS AN	DELETE	13. 1.1 Ji	fi c			ADDITIONS/CHANGES TO OFFI	ICERS ANI			Addition
NAMÉ	ABRAHAM, NORMA JEAN	LJ beeck	1.2 N						۰, س	res iĝo	L.J Addition
	6816 CAMARIN				Abbreces		,				
STREET ADDRESS	CORAL GABLES FL		1		ADDRESS						
CITY-SI-ZIP TITLE	TD	DELETE	21 T		T-ZIP				CI	annse	Addition
NAME	ABRAHAM, NORMA JEAN		22 N						<u>ب</u>	- Grand	radiion
STREET ADDRESS	6816 CAMARIN				address						
CITY-SI-ZIP	CORAL GABLES FL		- 1		ST-ZIP						
TITLE		DELETE	3.1 T		31 - Zir				CI	hande	Addition
NAME			3.2 N								
STREET ADDRESS					ADDRESS						
City-St-ZiP					ST-ZIP						
TITLE		☐ DELETE	4.1 T						CI	hange	Addition
NAME			4.21	AME	1						
STREET ADDRESS			4.3 S	TREET	ADDRESS						
CITY-ST-ZIP			4.4 C	ITY-S	T-ZIP						
TITLE		☐ DELETE	5.1 T						C	hange	Addition
NAME			52 N	AME	1		•				
STREET ADDRESS			535	TAEET	ADDRESS	j					
CITY-ST-ZIP					IT-ZIP	1					
TITLE		☐ DELETE	6.1 T					,,,,,	C	hange	Addition
NAME			6.2 N		ł	\ 	,				
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP					it-zip]					
	by certify that the information supplie	d with this filing does not a				tated in S	ection 119.07(3)(i). Florida Statut	es. I furthe	r certif	v 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, open as attachment with an address.