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 # P9500001992 (3)

Principal Place 617 W 46TH SI MIAMI BEACH	L ORDER MANAGEMENT	Mailing Address 617 W 46TH ST MIAMI BEACH FL 33140	3025		
				3. Date Incorporated or Qualified 01/09/1995	3a. Date of Last Report 04/26/1996
		2a. Mailing Address		4. FEI Number	Applied For
		26		65-0546840	Not Applicable
Suite, Apt. #, etc. 27		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	r intangible tax under s. 199.032,
24	25	29	30		Yes No
	g. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New R	legistered Agent
	VENSTEIN, HENRY A		81 Name		
617 W 46TH ST			82 Street Add	ress (P.O. Box Number is Not Accepta	ible)
MIAMI BEACH FL 33140			83		
			84 City		FL 85 Zip Code
SIGNATURE				poration submits this statement for the tion's board of directors. I hereby according	
	Signature, typied or printed name of registered ag	ent and tille if applicable (NO ID DIRECTORS	DTE: Registered Agent signature requi	ADDITIONS/CHANGES TO OFF	DATE
12.	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	LOWENSTEIN, HENRY A		1.2 NAME		
STREET ADDRESS	617 W 48TH ST		1.3 STREET ADDRESS	1	
CITY-SI-ZIP	MIAMI BEACH FL 33140		1.4 CITY-ST-ZIP		
\$1TLE	D	DELETE	2.1 TITLE		Change Addition
NAME	RONALD E HILL		2.2 NAME		
STREET ADORESS	10330 SOUTHWEST 103RD T	ERRACE	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME	J.	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-SI-ZIF		Dritte	3 4. CITY+ST-ZIP		Change I Addition
TIFLE		☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		ţ
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ļ
CHTY-ST-ZIF			5.4 CITY-ST-ZIP		ļ
TITLE		☐ DELETE	6.1 TITLE		Change Addition
l			L a a susse		

64 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 fam 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, or on an adactoment with an address.

6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS

ANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR GREET

7 4-18

18-97 305-531-942

FILED

Apr 28 1997 8:00am

Secretary of State

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