FILE NOW: FILING FEE AFTER MAY 1 IS \$550.

PROFIT CORPORATION



FLORIDA DEPARTMENT

FILED May 01 1997 8:00am

•	JAL REPO 1997	RT 💮		Secretar DIVISION OF (ry of State CORPORA	оив	Secreta	ry of S	tate
DOCUM	MENT 1	# P960000	06925	3 (8)					
		CORPORATED		•					
Principal Place	e of Business		Mailing A	Idress				(TO HAIT HADDE
1611 LENOX AVE SUITE #7			1611 LENOX AVE SUITE #7				The second secon		
MIAMI FL 3313	9		MIAMI FL	33139-2450			3. Date Incorporated or Qualified	To Date of Leat B	lon and
							08/20/1996	3a. Date of Last R	report
2. Principal Pl	lace of Busine	ess	2s. Mailing	Address			4. FEI Number 65-0693266) 	oplied For
Suite, Apt	#, etc		Suite,	Apt. #, etc.					ot Applicable Additional
22			27	Chala			5. Certificate of Status Desired	Fee Re	equired
City & State	0		City & 28	Siale			Etection Campaign Financing Trust Fund Contribution		May Be to Fees
Ziţi		Country	Zip		Cour	ntry	8. This corporation has liability for in	ntangible tax under s	
24		5 and Address of Current	29 Registered A	nent	30		Florida Statutes 10. Name and Address of New Reg	Yes No	
MOS	SS. JEFFREY		nagistorea A	Agust		81 Name	[U, Name and Reducts of New Yes	gistored Agents	
	LENOX AV				-	82 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
	TE #7				L				
MIAN	MI FL 33139				1	83			ļ
					1	84 City		FL 85 Zip	Code
SIGNATURE							rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing it at the appointment as	s registered registered
	Signature, typed o	printed name of registered agent		ole (NOT		Agent stommered	ulred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIRECTOR	RS IN 12
12 .		OFFICERS AND	DIRECTORS	DELETE	13. 1.1 TIT		uired when reinstating) ADDITIONS/CHANGES TO OFFIC		AS IN 12
12.	Presid	OFFICERS AND Stent / V. Pres	Sec'Y 77 cas.		13.	LE		ERS AND DIRECTOR	
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14. Ido 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 in chapter 607, or on an attachment with an address.

Date Daytime Phone #