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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # S71956 (4) ADLER MANAGEMENT SERVICES, INC.					1 8100 8101 0181 0181 0180 0180 0180 01
Principal Place	of Business	Mailing Address			.
1400 NW 107 AVE. 5TH FLOOR MIAMI FL 33172		1400 NW 107 AVE. 5TH FLOOR MIAMI FL 33172-2746		4	
				 Date Incorporated or Qualified 07/31/1991 	3a. Date of Last Report 05/01/1996
2. Principal Pla	acc of Business	2a, Mailing Address		4. FEI Number	Applied For
1		26		65-0286530	Not Applicable
Suite Apt. #	¥, etc.	Suite, Apt. #, etc.	,	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	<u> </u>	City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
4	25	29	30	Florida Statutes 10. Name and Address of New Re	Yes No
160		of Current Registered Agent	81 Name	10. Name and Address of New Re	sgistered Agent
	(, JOEL) NW 107 AVE.				
5TH FLOOR			82 Street Add	ddress (P.O. Box Number is Not Acceptable)	
	Al FL 33172		83		
*****			84 City		85 Zip Code
			1		FLII
11. Pursuant to office or re	o the provisions of Sections	607.0502 and 607.1508, Florida Statu the State of Florida, Such change was	tes, the above-named cor authorized by the corpora	rporation submits this statement for the pation's board of directors. I hereby acce	purpose of changing its registered of the appointment as registered
SIGNATURE	Signature, typical or printed harne of re	gistered agont and the If applicable (NO	E Registered Agent signature requ		DATE
SIGNATURE	Stignature, typical or printed name of re OFFIC	gistered agont and the if applicable (NO) DERS AND DIRECTORS	E Registered Agent signature requ	quired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
SIGNATURE :	Stepulation, typical or product name of re- OFFIC	gistered agont and the If applicable (NO	13. 1.1 TITLE	(Qnilatarier redw behu	DATE
SIGNATURE 12. TITLE NAME	Stepulton, typed or prodest nume of re OFFIC D ADLER, MICHAEL M.	gistered agont and the if applicable (NO) DERS AND DIRECTORS	13. 1.1 TITLE L. 1.2 NAME	quired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
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SIGNATURE:

FILED

May 15 1997 8:00am

Secretary of State