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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # 494082**

(1)

FILED					
Mar	11	1997	8:00am		
Se	cre	tary o	f State		

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Suite, Apt. #, etc 59-164 1908 City & State Cumtry 74p Country 74p Country 8. This corporation has liability for integrable Principal Place 70-104 1908 28 30 50-104 1908 29 30 50-104 1908	Agent 85 Zip Code
Suite, Apt. W, etc. Suite, Apt. W, etc. Suite, Apt. W, etc. Suite, Apt. W, etc. City & State City & State City & State City & State Country Zip Zip Zip Zip Zip Zip Zip Zi	Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees e tax under s. 199.032, No Agent 85 Zip Code
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Suite, Apt. #, etc. 6. Election Campaign Financing Trust Fund Contribution City & State R. This corporation has liability for intangible Floridal Statutes FireEMAN, MICHAEL J. 153 SEVILIA AVE. CORAL GABLES FL 33134 B3 64 City FI 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Floridal Statutes, the above-named corporation submits this statement for the purpose office or registered agent, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. I hereby accept the agent. Lam familiar with, and accept the obligations of, Section 607 0505, Floridal Statutes. SIGNATURE City FI 12. OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND MAN. FREEMAN, MICHAEL J. 13. SEVILLA AVE CITY-ST-ZP CORAL GABLES FL DELETE 14. CITY-ST-ZP CORAL GABLES FL DELETE 3.1 TILLE 3.2 STREET ADDRESS CITY-ST-ZP DELETE 3.1 TILLE DELETE 3.1 TILLE 3.2 STREET ADDRESS CITY-ST-ZP DELETE 3.1 TILLE 3.2 STREET ADDRESS 2.4 ACITY-ST-ZP DELETE 3.1 TILLE 3.3 STREET ADDRESS 2.4 ACITY-ST-ZP DELETE 3.1 TILLE 3.3 STREET ADDRESS 2.4 ACITY-ST-ZP DELETE 3.1 TILLE 3.1 TILLE 3.1 TILLE 3.1 TILLE 3.2 STREET ADDRESS 2.4 ACITY-ST-ZP DELETE 3.1 TILLE 3.1 TIL	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees e tax under s. 199.032. No Agent 85 Zip Code
City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Zi	\$5.00 May Be Added to Fees e tax under s. 199.032, No Agent 85 Zip Code
Trust Fund Contribution Zip	Added to Fees e tax under s. 199.032, No Agent 85 Zip Code
Substituting Subs	Agent 85 Zip Code
9. Name and Address of Current Registered Agent FREEMAN, MICHAEL J. 153 SEVILLA AVE. CORAL GABLES FL 33134 83 84 City FI 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose off-de-or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the aragent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Description Propriet of Common of registered agent and the Applicable (NOTE Registered Agent signature required when reinstating) DATE	Agent 85 Zip Code
153 SEVILIA AVE. CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the agragent. Familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE DELETE 0.1.TITLE AMM 157 SEPEMAN, MICHAEL J. 153 SEVILLA AVE 112 NAME SIRIET ADDRESS CITY-ST-ZIP DELETE 2.1.TITLE NAME SIRIET ADDRESS CITY-ST-ZIP DELETE 3.1.TITLE NAME 1.1. STREET ADDRESS CITY-ST-ZIP DELETE 3.1.TITLE DELETE 3.1.TITLE 1.1.TITLE 1.2. NAME 2.3. STREET ADDRESS 2.4. CITY-ST-ZIP DELETE 3.1.TITLE SIRIET ADDRESS CITY-ST-ZIP DELETE 3.1.TITLE 1.1.TITLE NAME 1.2. NAME 2.3. STREET ADDRESS 2.4. CITY-ST-ZIP DELETE 3.1.TITLE	_
B3	_
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the apagent. I are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Such and Director Proceedings Director Proceedings Director	-
NAME STREET ADDRESS 13 SEVILLA AVE 13 STREET ADDRESS 14 CITY - ST - ZIP	D DIRECTORS IN 12
DELETE DELETE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-SI-Ze* 2.4 CHY-SI-ZiP TIRLE DELETE 3.1 TITLE	Change Addition
NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-SI-Ze ² 2.4 CHY-SI-ZeP TIRE □ DELETE 3.1 TITLE	E Change Addition
CHY-SI-70 2 4 CHY-SI-2IP	Change Addition
TITLE DELETE 31 TITLE	
	Change Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
3.4. City - St - ZiP	Change Addition
NAME 4.2 NAME	Visings CLI Month
STREET ADDRESS 4.3 STREET ADDRESS	
(JTY - ST - ZIP 4.4 CITY - ST - ZIP 5.1 YITLE 5.1 YITLE 5.1 YITLE	Change Addition
NAME 52 NAME	
STREET ADDRESS 53 STREET ADDRESS	
GLY SL 7P 54 CITY ST-ZIP	Channa L Adde
111.F DELETE 6.1 TITLE RAVE: 6.2 NAME	Change Addition
5.7 NAME 5.7 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS	
CHY-ST-ZIP 64 CITY-ST-ZIP	

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 legat effect as if made under oath; that I am an efficient 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 attachment with an address.

SIGNATURE:

0161247