FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARAMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S79807

(1)

Principal Place 8125 NW 54 S MIAMI FL 3316	e of Business	Mailing Address 10301 S.W. 125TH STREE MIAMI FL 33178-4725				
US					3. Date Incorporated or Qualified 09/12/1991	3a. Date of Last Report 03/28/1996
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		65-0288933	Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23 Zip	Country	28 Zip	Coun	trv	This corporation has liability for in	
24	25	29	30	,		Yes Do
	9. Name and Address of Curre				10. Name and Address of New Reg	jistered Agent
RICH	HARD, MARK		8	Name		
304 PALERMO AVENUE			1	32 Street Add	dress (P.O. Box Number is Not Acceptable	lo)
COF	RAL GABLES FL 33134					
			{	33		
			1	34 City		85 Zip Code
		70 1002 4100 (Inc.) Disc			encyclian authorite this elatoment for the p	FL by property of changing its registered
office or r agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obt	te of Florida Such change was gations of, Section 607.0505, F	authorized Iorida Statu	by the corporates.	rporation submits this statement for the p ation's board of directors. I hereby accep	t the appointment as registered
SIGNATURE	Signature, typed or printed harrier of regardered a	gent and title diapphicable (NC	off Registered.	Agent's gnature req	ared when reinstating)	DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	DP	DELT 16	1.1 3111	F		Change Addition
NAME	BAROCAS, LOUIS		1 2 NAN	16		
STREET ADDRESS	10301 SW 125TH ST.		13 STR	LET ADDRESS		
CITY-ST-ZIP	MIAMI FL			/-SI-7IP		Chance Addition
TITLE	VPST	L DELETE	2 1 1HL			Change L.J Addition
NAME	BAROCAS, MARK		5.5 NAV			
STREET ADDRESS	12200 SW. 71 CT.			ELT ADDRESS		·
CITY-ST-ZIP	MIAMI FL DELETE			Y - ST 7H'	***	Change Addition
TITLE			3 1 111i 3.2 NAN			El cominge El victimon
NAME CARGET ADDRESS				TELLADORESS		
STREET ADDRESS				Y-\$1-7IP		
CITY-ST-ZIP TITLE		DELETE	4.1 101			Change Addition
NAME			4. 2 NA			
STREET ADDRESS				EET ADDRESS		•
CITY-ST-ZIP			4.4 C(1)	r - \$1 - 7(P		
TITLE			5.1 Till			Change Addition
NAME			5.2 NA	NE.		
STREET ADDRESS			5.3 STH	EET ADDRESS		
CITY-ST-ZIP	5.0		5.4 011	r - \$1 - 7IP		
TITLE		DELETE	6.1 THE	E		Change Addition
NAME		•	6.2 NA	AE		
\$TREET ADDRESS			6 3 S1H	EET ADDRESS		
CITY - ST - ZIP			6.4.011	Y-ST-7iP		

14. I do hereby certify that the information supplied with this filling 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 Statutos; and that my name appears in Block 12 or Block 33 if chapted, or on an attachment with an address.

FILED

Mar 14 1997 8:00am

Secretary of State