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

CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 381445 A.R.L., INC.

(6)

FILED Apr 21 1997 8:00am Secretary of State

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	# (# H # (#) #) #) I		#1614 B B 1 B41

Principal Place of Business Mailing Address										
15105 N.W. 777 BRD FLOOR	H AVE.	15105 N.W. 77TH AVE. 3RD FLOOR								
MIAMI LAKES F	FI 99014	MIAMI LAKES FL 33014-7	803							
NIAMI LANCO PL SSUIT		mirrial critico (a coort)	MINMI CARES EL SOUTE/OUS			3. Date Incorporated or Qualified 3a. Date of Last Rep 11/12/1996			leport	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	<u> </u>		oplied For	
- in the second of the second		26	n		59-1325715			ot Applicable		
Sulte, Ap1							k -0	\$8.75		
22		27				5. Certificate of Status Desired	X		equired	
City & State	3	City & State				6. Election Campaign Financing		\$5.00	May Be	
23	- ·					Trust Fund Contribution			Added to Fees	
Zip	Country	Zip	Cou	ıntry		8. This corporation has liability for i				
24	25	29	30	,			Yes [100.002	
<u> </u>	9. Name and Address of Currer		[30]	Γ-		10. Name and Address of New Re	-			
1 53/6	NE, ARTHUR			81	Name		-	_ 		
	71 SW 102ND AVE									
				82	Street Add	dress (P.O. Box Number is Not Acceptab	le)			
MAIN	VII FL			83	· · · · · · · · · · · · · · · · · · ·					
				63						
144				84	City			85 Zip	Code	
- 10 mg							FL			
11. Pursuant office or reagent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	2 and 607,1508, Florida Slatu of Florida. Such change was ations of, Section 607,0505, F	ites, the a authorize Iorida Sta	bove d by tutes	e-named cor the corpora	poration submits this statement for the pation's board of directors. I hereby accept	urpose of the app	changing i ointment as	ts registered registered	
SIGNATURE	Slocature, typed or printed name of registered ap-	ent and little if applicable (NG	H Registere	d Age	nt signaturo requ	uired when reinstating)	DATE			
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	RS IN 12	
TITLE	PD	DELETE	1.1.13	TLE				Change	Addition	
NAME	LEVINE, ARTHUR R		1.2 N	AME						
STREET ADDRESS	10171 SW 102ND AVE		135	TREEL	ADDRESS					
	MIAMI FL			ITY-S						
CITY-ST-ZIP TITLE	8	DELETE	211		1-71			Change	Addition	
	LEVINE, DIANNE C		2.2 N							
NAME	10171 SW 102ND AVE				4000000					
STREET ADDRESS	MIAMI FL				ADORESS					
CITY-ST-ZIP	MILYMI 1.F	- DELETE			61-ZIP			Change	Addition	
TITLE		□-DELY IE	3.1 7		1			☐ Change	ווסוווסוו ניים	
NAME			3.2 N							
STREET ADDRESS			3.3 S	TREET	ADURESS					
CITY-ST-ZIP			3.4. (<u> </u>	S1-ZIP				·····	
TITLE	·	T DEFEA	4.1 T	HLE				Change	Addition	
NAME			4.21	NAME						
STREET ADDRESS			4.3 S	IREE1	ADDRESS					
CITY-ST-ZIP			440	HIY-S	J - 7/P					
TITLE		DELETE	511					Change	Addition	
NAME			5.2 N	IAME						
STREET ADDRESS					ADDRESS					
				HTY-S						
CITY-ST-ZIP TITLE		DECETE	6,1 T		11-61			Change	Addition	
				IAME						
NAME					ADDDECO					
STREET ADDRESS					ADDRESS					
CITY-\$T-ZIP			6.4 (HTY-S	31 - ZIP					

14. To 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 appropriately uplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corrected of 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 graphy, q on an attachment with an uddress.