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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

1. Corporation	FORMATION LABORATO	<b>\</b> /		
Principal Place of Business 36 NE 1ST STREET SUITE 1046 MIAMI FL 33132		Mailing Address 36 NE 1ST STREET SUITE 1046 MIAMI FL 33132-2494		1 1884)FO SIGN (1188 1897 SING SRIP 1897 SIGN STOCK SIGN SIGN SIGN SIGN SIGN SIGN SIGN SIGN
			i	3. Date Incorporated or Qualified
2. Principal P	lace of Business	2a, Mailing Address	······································	4, FEI Number Applied For
Suite Apt	# etc	Suite, Apt. #, etc.		Not Applicable     Settificate of Status Desired     Fee Required
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be
23] Ζιρ 24	Country	Zip	Country	Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,
[24]	25] 9. Name and Address of Cu	29   urrent Registered Agent	[30]	Florida Statutes Signature Statutes No. 10. Name and Address of New Registered Agent
KOLI	LER, DUSHAN		81 Nam	
	IORTHEAST FIRST STREET E 440		82 Stree	4 Address (P.O. Box Number is Not Acceptable)
	Al FL 33132		83	
			84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.				
	mitamiliar with, and accept the c	obligations of, Section 607.0505, Fli	orida Statutes.	The second secon
SIGNATURE	Signary or typed or printed hause of registere	d agont and title if applicable (NOT	E: Registered Agent signatu	re required when reinstating) DATE
12.	OFFICERS P	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TELLE	KOLLER, DUSHAN	DELETE	1.1 TITLE	Change Addition
NAME OTOMAN MARKAGO	36 N.E. FIRST STREET		1.2 NAME	
STREET ADDRESS	MIAMI FL 33132		1.3 STREET ADDRESS	
CHY-S1-ZVP THEE	IIIX AM I & AA IAP	T DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	☐ Change ☐ Addition
NAM:			2.1 MILE 2.2 NAME	L Crisinge L Audition
STREET ADDRESS			2.3 STREET ADDRESS	
CITY+S1 ZIP			2 4 CITY-ST-ZIP	
7015		DELETE	31 TIFLE	Change Addition
NAME:			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY - \$1 - 7151		······································	3.4. CITY-ST-ZIP	
1171.6		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CDY-ST-Z# DT.F		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	/ Change Addition
NAME		LJ VICEIL	5.2 NAME	Addition - Addition
STREET ADDRESS			5.3 STREET ADDRESS	16 Ula lan
011Y-\$1-70P			5.4 CITY-ST-ZIP	7) 1/21/97
1/ILF		DELETE	6.1 TITLE	Change Addition
NAM:			6.2 NAME	90000215 <b>04</b> 39 Addition -04/30/9701038063
STREET ADDRESS			6.3 STREET ADDRESS	***330.00
CITY ST 76			6.4 CITY - ST - ZIP	***************************************

14. 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 legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name Lam an officer or director of the corporation or the receiver or trust appears in Block 12 or Block 13 if changed, or on an attachment

**FILED** 

Apr 29 1997 8:00am

Secretary of State