## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT '
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Sep 19 1997 8:00am Secretary of State

	1997	DIVISION OF	CORPOR	AHUI	45			
1. Corporation	MENT # P93000 DUSTRIES, INC.	0036349 (7)					is <b>20123</b> 121 <b>10</b> 811 <b>0</b> 0 4f111	81818 JB14 4881
Principal Place	e of Business	Mailing Address					11 BOCOD COLO BILOR DICES	) i m i m i m i i i i i i i i i i i i i
21000 NE 28 AVE		21000 NE 28 AVE						
SUITE 214 AVENTURA FL 33180		SUITE 214 AVENTURA FL 33180				DO NOT WRITE	IN THIS SPACE	
111311011111111111111111111111111111111		ATEMORIA TE GOTOG				3. Date Incorporated or Qualified 3a. Date of Last Report		
_					_	05/17/1993	10/28/199	61
2. Principal Place of Business		2a, Mailing Address				4, FEI Number		Applied For
21		26				65-0459555		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 7 7 7	Additional
City & State		27   City & State				<del></del>		Required
23	8	28				6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes or has pa		
24	25	29	30	,		Personal Property Tax due June		□ No
	g. Name and Address of Curre		1001			10. Name and Address of New Re	gistered Agent	
SAF	RFATI, JEAN CLAUDE			81	Name			
21000 N.E. 28TH AVE.				82	Street Add	Iress (P.O. Box Number is Not Acceptab	le)	
SUI	TE 214			LL				
AVE	INTURA FL 33180	83						
				84	City		- 85 Zij	p Code
					•		FL   "   '	' ''
11. Pursuant :	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida <b>Statu</b> e of Florida. Such change was	tes, the a authorize	bove- d by t	named con the corpora	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing at the appointment (	) its registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Fl	orida Sta	tutes.	501,5012	inone pour of an obtain the floriday decop	the appointment	10.09.010.00
SIGNATURE								
12.	Signature, typod or printed name of registered ag	ent and tills if applicable. (NO ID DIRECTORS	13.	d Agent	signature requi	ired when reinslating)  ADDITIONS/CHANGES TO OFFICE	DATE	7DS IN 10
TITLE	P8	DELETE	1.1 TI	TLE		ADDITIONS/OFFAIRGES TO OFFIC	Change	
NAME	SARFATI, JEAN CLAUDE		1.2 N	AME				
STREET ADDRESS	SARA ME SATURAL SAFE		1.3 ST	TREET A	DDRESS			
CITY-ST-ZIP	AVENTURA FL		1.4 0	ITY-ST-	ZIP			ľ
TITLE		☐ DELETE	2.1 TI	TLE			Change	Addition
NAME			2.2 N	AME				1
STREET ADDRESS			2.3 S	TREET A	DDRESS			i
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NAME			3.2 N					
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NAME STREET ADDRESS			4.2 N		DDRESS			
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NAME			5.2 N					
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CITY-ST-ZIP				ITY-5T-	Į.			ļ
TITLE		☐ DELFTE	6.1 TI				Change	Addition
NAME			6.2 N	AME				
STREET ADDRESS			6.3 S1	TREET A	ODRESS			
CITY-ST-ZIP			6.4 CI	TY-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 eath, 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 Statutes; and that my name appears in Block 12 or Block 13 if prantid, or on an attachment with an address.

3-6-5

1205)633-160