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
1997

DOCUMENT #
1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 JUL 21 AM 10: 58

SECRETARY OF STATE TALLAHASSEE, FLORID.

DOCU 1. Corporation LINEL (MENT # 19779 CORP	9 (0)			TALLAHASSEE, FLÖR	
Principal Plac	e of Business	Mailing Address				
C/O JEFFREY FINE 5200 BLUE LAGOON DR #250 MIAMI FL 33126 US		5200 BLUE LAGOON DR STE 250 MIAMI FL 33126 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 39. Date of Last Report		
2. Principal P	Place of Business	2a. Mailing Address	 		11/23/1956 04 4. FEI Number	/16/ ₁ 1996
21 26					59-6064635	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. 4			ic.		F	\$8.75 Additional
22		27	1··· · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State	 		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	Zip	Coun	tes:	Trust Fund Contribution	Added to Fees
24 25		29	30	ii y	This corporation owes or has paid the cur Personal Property Tax due June 30.	rent year Intangible ☐ Yes ☐ No
<u></u>	9. Name and Address of Curr				10. Name and Address of New Registered	S
FINE (JEFFREY) 5200 BLUE LAGOON DR STE 250 MIAMI FL 33126			8	33	idress (P.O. Box Number is Not Acceptable)	
			6	City	FL	85 Zip Code
office or r agent. I a SIGNATURE	Signature, typed or printed name of registered a				orporation submits this statement for the purpose of ration's board of directors. I hereby accept the appropriet when renstating) ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	DPT	DELETE		F		☐ Change ☐ Addition
NAME	FINE, JEFFREY 9010 SW 117TH ST		1.2 NAN	NE		}
STREET ADDRESS			1.3 STR	EET ADDRESS		l d
CITY-ST-ZIP	MAMI FL			'- ST - 7IP		
TITLE	SD CHARA	DELETE 2			1000022246	Challed TTYOURS
NAME STREET ADDRESS	FINE, LINDA		2.2 NAM	-	10002246561	
CITY-ST-ZIP	5.55 d. A. d. dm1			EET ADDRESS Y-ST-ZIP	****165.UU	****155.00
TITLE	MICHAEL L			F - 51 - 21F		Change Addition
NAME			3.2 NAM	IE		
STREET ADDRESS			3.3 STR	ET ADDRESS		
CITY-ST-ZIP			3.4. CIT	Y-SI-71P		
TITLE	☐ DELETE 4		4.1 TITL	E		Change Addition
, NAME			4. 2 NAM	AE		
STREET ADDRESS			4 3 STAE	ET ADDRESS		
City-St-ZIP		Delete		-S1-7IP		Observe Taken
TITLE		☐ DELETE	51 1IIL	1		Change Addition
NAME CTREET ADADESCS			5.2 NAM	i		•
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS		
TITLE		DELETE	5.4 CHY 6.1 TiTL	-ST-ZIP		Change Addition
NAME		bud everifi	6.2 NAM			
STREET ADDRESS				ET ADDRESS		CICIA!
CITY-ST-ZIP				- \$1- <i>7</i> IP		1100°

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 changed, or on an attachment with an address.

MATURE /SANATURE RECOTTION IN

1. 16 06 /2 mln 2 /2/12/0