COF	FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE DRPORATION Secretary of State NUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS		FILED Apr 24 1997 8:00an Secretary of State			
ATLANTI Principal Plac DAVID DIAMON	ID	Mailing Address DAVID DIAMOND				
8520 HARDING Miami Beach I		8520 HARDING AVE MIAMI BEACH FL 33141-121	8	3. Date Incorporated or Qualified 11/30/1964	3a, Date of Last 03/26/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number		Applied For
Sulte, Apt.	#, etc.	26 Suite, Apt. #, etc.		59-1082791 5. Certificate of Status Desired	□ \$8.75	Not Applicab
City & State	e	27 City & State		6. Election Campaign Financing	Fee F	Required O May Be
-, ^{Zip}	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for	intangible tax under	d to Fees s. 199.032,
4	25 9. Name and Address of Cur		30	Florida Statutes [10, Name and Address of New Re	Yes X No	
	MOND, DAVID		81 Name			
	D HARDING AVENUE MI BEACH FL 33141		82 Street Add	Iress (P.O. Box Number is Not Accepta	ble}	
			83	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
			84 City		85 Zir	o Code
			City			0000
11. Pursuant	to the provisions of Sections 607.0	0502 and 607, 1508, Florida Statute		poration submits this statement for the		
	to the provisions of Sections 607.0 registered agent, or both, in the Si im familiar with, and accept the ob	0502 and 607,1508, Florida Statute ale of Florida, Such change was a ligations of, Section 607,0505, Flo		poration submits this statement for the ation's board of directors. I hereby acce		
SIGNATURE	Signature, typed or printed name of registered	agent and tills if applicable (NOTE	s, the above-named cor uthorized by the corpora ida Statutes.	lired when reinstating)	PL purpose of changing pt the appointment a	its registere as registered
SIGNATURE	Signature, typed or printed name of registered OFFICERS /		s, the above-named cor uthorized by the corpora ida Statutes. Registered Agen; signature requ 13.		PL purpose of changing pt the appointment a	its registered as registered DRS IN 12
SIGNATURE	Signature, typed or printed name of registered OFFICERS / SD SHER, GARY	agent and tille if applicable (NO1E AND DIRECTORS	s, the above-named cor uthorized by the corpora ida Statutes.	lired when reinstating)	DATE	its registere as registered DRS IN 12
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SIGNATURE 12	Signature, typed or printed name of registered OFFICERS / SD SHER, GARY 8520 HARDING AVE. MIAMI BCH, FL 00000	agent and tills if applicable (NOTE AND DIRECTORS	s, the above-named cor ultorized by the corpora ida Statutes. Registered Agen: signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STHEET ADDRESS 1.4 GITY-ST-7IP	lired when reinstating)	PL purpose of changing purpose of changing pt the appointment a DATE CERS AND DIRECT(CHange Change	Its registered as registored DRS IN 12
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