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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 293439

(6)

**FILED** Feb 14 1997 8:00am Secretary of State

Principal Place 7500 N.W. 72N P.O. BOX 666 MIAMI FL 3316	D AVENUE		Mailing Addres 7500 N.W. 72NC P.O. BOX 666 MIAMI FL 33166	D AVENUE							
								3. Date Incorporated or Qualified 05/28/1965		ate of Last F <b>29/1996</b>	Report
2. Principal Pl 21	lace of Busi	ness	2a. Mailing Add	dress				4. FEI Number 59-1423327		<del></del>	pplied For ot Applicable
Suite, Apt 22	#, etc	, miller a 1866 gg gggregger m.m. Ab 677 haggyrgam m.m. 1 h18 1997 bg	Suite, Apt.	#, etc.				5. Certificate of Status Desired			Additional equired
City & State	e		City & State	B				6. Election Campaign Financing	r1		May Be
<b>23</b> Zip		Country	<b>[28]</b> Zip		Cou	otr.		Trust Fund Contribution			to Fees
24		25	29	ŀ	30	т, у		8. This corporation has liability for i	ntangibie ] Yes [		s. 199.032,
24	9. Name	and Address of Curre			30			10. Name and Address of New Re			
KIM	MEL,IRVINE	<u> </u>				81	Name		Z	<del> </del>	
7500 N.W. 72ND AVENUE MEDLEY FL 33166					-	82	Street Addre	s (P.O. Box Number is Not Acceptable)			
MLC	ALI IL O	,100			1	B3			. <i></i>		
					}	84	City		FL	<b>85</b> Zip	Code
SIGNATURE		o or princed hank of registered ag	gent and little in applicable	i	Registered			oration submits this statement for the poin's board of directors. I hereby acception when reinstating)	DATE	************	
12.		OFFICERS AN	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12
TITLE	PD							* 17',			
muc	4/16/15/07/1	IPS ALIE	LJ.	DELETE	1.1 TIT	LE				Change	Addition
NAME	KIMMEL,		LJ.	DELETE	1.1 TIT 1.2 NA					Change	Addition Addition
	7500 N.\	N. 72ND AVENUE	LJ.	DELETE	1.2 NA	ME	DDAESS			Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIF	7500 N.\ MEDLEY	N. 72ND AVENUE			1.2 NA 1.3 STI 1.4 CIT	ME REET AC IY-ST-					
NAME STREET ADDRESS CITY-ST ZIF THLE	7500 N.V MEDLEY D	W. 72ND AVENUE FL		DELETE	1.2 NA 1.3 STI 1.4 CII	ME REET AC IY-ST- LE				Change Change	
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NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS	7500 N.N MEDLEY D KIMMEL, 7500 N.N	N. 72ND AVENUE FL JEFFREY N. 72ND AVENUE			1.2 NA 1.3 STI 1.4 CII 2.1 TII 2.2 NA 2.3 ST	ME REET AC IY-ST- LE ME REET AL	DDRESS				
NAME STREET ADDRESS OITY-ST ZIP TITLE NAME STREET ADDRESS OITY-ST-ZIP	7500 N.1 MEDLEY D KIMMEL, 7500 N.1 MEDLEY	N. 72ND AVENUE FL JEFFREY N. 72ND AVENUE		DELETE	1.2 NA 1.3 STI 1.4 CII 2.1 TIT 2.2 NA 2.3 ST 2.4 CI	ME REET AC IY-ST- LE ME REET AL TY-ST-	DDRESS			☐ Change	Addition
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receipt certify that the information supplied with this filing does not quality 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR