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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1997				Secretary of State DIVISION OF CORPORATIONS					Secretary of State			
F. CONTROLO	IMENT # on Name TRADING (# 329450		(1)					1 (40) (80 (1848 1848 1840 1841) BARRA BARRA BARRA		10% & HIV BIÐU !	
Pensinal Pa	and Business		Mailine	Address				_				
Principal Place of Business 584 NW 27TH SY MIAMI FL 33127			584 NW	584 NW 27TH ST MIAMI FL 33127-4128								
								C	Date Incorporated or Qualifie 14/30/1968	_	ate of Last R 01/1996	
	Place of Busine	55	2a. Mailing Address 26				4,	FEI Number 59-1209272			pplied For ot Applicable	
21 Suite, Apl	t #, etc			te, Apt. #, etc				_	Certificate of Status Desired		\$8.75	
22	,		27				ъ.	Certificate of Status Desired			equired	
City & Sti. 23	.te		28	y & State					Election Campaign Financing Trust Fund Contribution			to Fees
Ζιρ 24	2	Country	21p)	30 Cou	nury			This corporation has liability for Florida Statutes		e tax under s No	. 199.032,
24]		nd Address of Curren		d Agent	1001				Name and Address of New	Registered	Agent	
BEI	HAR, MOISES					81	Name					
	FAIRWAY D					82	Street Addr	iress (P.	O. Box Number is Not Accep	table)		
MIA	AMI BEACH FI	. 33141				83						
							<u></u>				" lau 1 m "	
						84	1			FL	 '	Code
office or agent 1 SIGNATURE		nt, or both, in the State i, and accept the obligation of the obligation of the state of the sta					/ The corporation	red when		DATE		
12.		OFFICERS AND		RS	13.			Α	DDITIONS/CHANGES TO OF	FICERS AN		
TIFLE	P	مامده		☐ DELETE	1,1])						Change	L. Addition
NAM:	BEHAR, M 625 FAIRW				1.2 N		ADDRESS					
STREET ADDRESS		CH FL 33141					ST-ZIP					
THILE	V			DELETE	2.1 11		· · · · · · · · · · · · · · · · · · ·				Change	Addition
NAME	BEHAR, C				2.2 N	ME						
STREET ACTORES							ADDRESS					
C Tri-St-700		CH FL 33141		☐ DELETE	2.4 C		ST-ZIP				Change	Addition
THU! NAME	S Behar, S				3.1 W							
STREET ADDRESS		/AY DR					ADDRESS					
CITY - \$1 - 7 (P)		CH FL 33141			34.0	HY-:	ST-ZIP					
110				☐ DELETE	41 To	TLE					Change	Addition
NAME					4 2 h							
STREET ADORES!	5						T ADDRESS ST-ZIP					
CHY-S1-Z0* TitlE				DELETE	51 T		94 - EIF				Change	Addition
NAM					52 N							
STREET ADDRES	5				538	IREE1	I ADDRESS					
(HIV+S1-7)P		- , ,-,, ,,,	···-	· • • • • • • • • • • • • • • • • • • •			ST- ZIP				F 65	ja alanda -
Til.F				☐ DELETE	6.1 To		-				Change	Addition
NAME					62 N		T ADDDECC					
STREET ADDRESS	5.1				₩ 0.53	intel	T ADDRESS					
CHY-S1-24P					210	tv 4	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 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

Clean Belon 4/10/97

FILED

Apr 15 1997 8:00am