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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

FILED Apr 21 1997 8:00am Secretary of State

DOCUN 1. Corporation	MENT # 330049	(8)				
EROGOL			1			8.011 B(611 B(611 B)611 B(611 1861
Principal Place	of Business	Mailing Address			3 HOUIDS IIIIOD FILIT GORFF CONTI GIBRY LEN BIOTI	Night Orbit Billit billit bibit indi
1600 WEST AVE 1600 WEST AVE MIAMI BEACH FL 33139 MIAMI BEACH FL 33		1600 WEST AVE MIAMI BEACH FL 33139-2	389			
MIAMI PEAUTI	rt 33138	MICHIE DENOTE COTON				
						n. Date of Last Report 04/26/1996
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt.	# ata	Suite, Apt. #, etc.			59-1213913	Not Applicable \$8.75 Additional
22	#, etc.	27			5. Certificate of Status Desired	Fee Required
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	
Zip	Country	Zip	Coun	у	8, This corporation has liability for intan Florida Statutes X Ye	gible tax under s. 199.032, s
24	9. Name and Address of Curre		100		10. Name and Address of New Registe	
	DMAN, YETTA		8	Name		
1600 WEST AVENUE #401			83	Street Add	dress (P.O. Box Number is Not Acceptable)	<u> </u>
MIAI	MI BEACH FL 33139		83			
			64			FL 85 Zip Code
11. Pursuarit	to the provisions of Sections 607,050	02 and 607.1508, Florida Statue of Florida, Such change was	ites, the above	re-named cor	rporation submits this statement for the purporation's board of directors. I hereby accept the	ose of changing its registered a appointment as registered
agent I a	m familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Statute	is.		-
SIGNATURE	Signature, typed or printed name of registered ag	ent and titic if applicable (NO	TE: Registered Ag	gent signature requ	uired when reinstating) D	ATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
THILE	0	DELETE	1.1 TITLE			Change Addition
NAME	GOLDMAN, YETTA 230 174TH STREET		1.2 NAME	T ADDRESS		
STREET ADDRESS CITY-ST-ZIP	MIAMI BEACH FL		1.4 CiTY -			
THUE	D	DELETE	2.1 TITLE			Change Addition
NAME	ROTHBAUM, MINNIE		2.2 NAME			
STREET ADDRESS	230 174TH ST.		2.3 STRE	T ADDRESS		
CITY - S1 - ZIP	MIAMI BEACH FL D	DELETE	2. 4 CITY 3.1 TITLE			Change Addition
TITLE	ROTHBAUM, ANA		3.1 IIIEE 3.2 NAME			
NAME STREET ADDRESS	2655 COLLINS AVENUE			ET ÁDORESS		
CITY-ST-ZIP	MIAMI BEACH FL		3.4. CITY			
10 LE	ST	☐ DELETE	4.1 TITLE			Change Addition
NAME	ERTAG, SALLY		4. 2 NAM	ĺ		
STREET ADDRESS	1600 WEST AVENUE MIAMI BEACH FL		l l	ET ADDRESS	•	1
CITY-ST-ZIP TITLE	P P	DELETE	4.4 CITY- 5.1 TITLE			Change Addition
NAME	GUMPEL, SHARON		5.2 NAM			
STREET ADDRESS	3318 OTTAWA LANE		5.3 STRE	ET ADDRESS		
CHY-ST-ZIF	COOPER CITY FL		5.4 CITY			Change Addition
TITLE		DELETE	6.1 TITLE	1 "		Change Addition
NAME OTHER ACCORDED			62 NAM	et address		
STHEET AODRESS CITY-ST-ZIP			6.4 CITY			
with the Principle of t	1					

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 is 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 il changed, or an altachment with an address.

SIGNATURE