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

PROFIT CORPORATION ANNUAL REPORT

1997

2775 CORP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 333750

(8)

FILED Jan 29 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 2775 W OKEECHOBEE RD 2775 W OKEECHOBEE RD HIALEAH FL 33010 HIALEAH FL 33010-1057				 _,				
						3. Date Incorporated or Qualified 08/13/1968	3a. Date of Last 01/24/1996	
2. Principal Place of Business 2a. Mailing Address 2f 26						4. FEI Number 59-1218952	1100000	
Suite, Apt	t #, etc.	Suite, Apt #, etc.			······	5. Certificate of Status Desired	□ \$8.75	Additional Required
City & Sta	de	City & State			<u></u>	6. Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zip	Col	untry		8. This corporation has liability for i		
24	25	29	30				Yes No	
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Re	gistered Agent	
	USSIN,RUBIN				INGILIA			
2775 W OKEECHOBEE RD HIALEAH FL 33010				82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
100	ECATTE GOOTS			83			······································	1
				84	City		85 Zi	p Code
				-	,		FL T	•
office or agent I SIGNATURE		_				poration submits this statement for the polion's board of directors. I hereby acceptions when reinstating)	t the appointment i	as registered
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	ORS IN 12
TITLE	PD	DELETE	1.1 ₹	ITLE	<u> </u>		Change	Addition
NAME	PRUSSIN, RUBIN		1.2 N	AME				
STREET ADORESS					ADDRESS			
CITY-ST-ZP	HIALEAH FL.	DELETE		ITY-S	T-ZIP		Chang	Addition
TITLE	GINSBURG, MURRAY	בן טכננונ	21 T				i crang	: L. Audition
STREET ADDRESS	ATTE W AVERALIABLE BOAR		1		ADDRESS			
CITY - ST - ZIP	HIALEAH FL		- 1		ST-ZIP			
THE	D	DELETE	3.1 T			· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	PRUSSIN, OTTILIE	•	3.2 N	AME				
STREET ADDRESS			3.3 S	TREET	ADORESS			
CITY-ST ZP	HALEAH FL				ST-ZIP			
TITLE	TD ANIMONY	DELETE	4.1 T		}		☐ Change	e 🔲 Addition
NAME	GINSBURG, MURRY			MAME				
STREET ADDRESS					ADDRESS		;	
CHY-ST-ZIP TITLE	HIALEAH FL	DELETE		ITY-S	T-ZIP		☐ Chang	e Addition
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STREET ADDRESS		•	1		ADDRESS			
CITY-ST ZIP				ITY-S	Į.			
TITE		DELETE	6.1 T		1 - 4.Ir		. Change	Addition
NAMÉ		hand or a section to		AME				- band / Houseldin
STREET ADDRESS					ADDRESS			
CITY - ST - ZIP					17-7IP			

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 and called 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 proportion or the processor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block, 15 if changed, or or an attachment with an address.

SIGNATURE:

305-887-6570