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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 345198

(6)

information indicated on this annual report or supplem I am an officer or director of the corporation or the rec-appears in Block 12 or Block 13 if changed, or on a pra-

SIGNATURE:

Principal Place 9 ISLAND AVE MIAMI BEACH I	#2414	Mailing Address 9 ISLAND AYE #2414 MIAMI BEACH FL 33139-136	2	,				
					3. Date Incorporated or Qualified 04/25/1969	3a. Date of Last F 10/17/1996	Report	
<u> </u>	al Piace of Business 2a, Mailing Address 25 26				4. FEI Number 59-1265115		pplied For	
Suite, Apt						- \$8.75	ot Applicable Additional	
22	GV 2414 27				5, Certificate of Status Desired	1 7	equired	
City & State	7				Election Campaign Financing Trust Fund Contribution		May Be to Fees	
24 33 13°	Country Zip Cou			Ϋ́Υ	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Current				10. Name and Address of New Re	gistered Agent		
JAFFE, ROBERT				81 Name				
9 ISLAND AVE #2414			8	Street Add	ddress (P.O. Box Number is Not Acceptable)			
- MIAN	MI BEACH FL 33139		8	3				
IND.	W DENOTITE COTO		8	4 City		85 Zip	Code	
			1	1 '		FL I I		
11. Pursuant l office or re agent 1 ac	to the provisions of Sections 607,0502 egiptered appyt, or byth, in the plate of milamiliar vith) and accept this obliga	anu 607,1508, Florida Statutes of Norida. Such manoe was au on 1,15 Section 607,0505, Flori	i, the abo thorized l ida Statut	ve-named co by the corpor as.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing in the appointment as	its registered registered	
SIGNATURE	1 0000	K - 300 /				19 M /		
12.	Signature, typied or printed name of registers Ladger OFFICERS AND		13.	gent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICE		RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	JAFFE, ROBERT		1.2 NAM				, I	
STREET ADDRESS	9 ISLAND AVE #2414		1.3 STRE	ET ADDRESS				
CHY-ST-ZIP			1.4 CITY-			☐ Change	Addition	
TITLE	HERE BERNIAT		2.1 TITLE			Criange	Addition	
NAME STREET ADDRESS	9 ISLAND AVE #2414		2.2 NAM	ET ADDRESS	•			
CITY - ST - ZIP	MIAMI BEACH FL		2. 4 City		1			
TITLE	D	DELETE	3.1 TITLE		I	Change	Addition	
NAME	JAFFE SHERLIN, SUSAN		3.2 NAM	:	í			
STREET ADDRESS	130 BISCAY DR., BAL HARBOU	ir Island	3.3 STRE	ET ADDRESS				
CHTY-ST-7IF	BAL HARBOUR FL		34 CITY	- ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAM	j				
STREET ADDRESS				ET ADDRESS				
CITY-S1-7IP		Drift	44 CITY			[] Change	Addition	
TITLE		□ DE€ET€	51 TITLE			LJ Change	L AQUIIIOII	
NAME ODES L'ADIDESS			52 NAM	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			5.4 City	i i				
TITLE		DELETE 6.1				☐ Change	Addition	
NAME			6.2 NAM			•		
STREET ADDRESS				ET ADDRESS				
C/TY-ST-7IP	; 		6.4 CITY	·ST-ZiP				
14. I do herel	by certify that the information supplied	with the filing does not qualify	for the ex	emption state	ed in Section 119.07(3)(i), Florida Statute hat my signature shall have the same lega nort as required by Chapter 607, Florida S	s. I further certify that	I the	
l am an o	flicer or director of the corporation or t	po onemai annual report is tru bo receiver or trusted el ippwe	red to ex	suite this rep	ort as required by Chapter 607, Florida S	Statutes; and that my	name	