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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

1990

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| DELLA PORTA, WARD, AND ASSOCIATES, INC. | | | | | | |
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| Principal Place of | Business | Mailing Address | | I IMATIN BINGI IDNOM JUNIN NI NA NA | FIW) 1911 91911 91911 91 4 11 81811 81811 81 | |
| 2525 SW 3RD AVE STE 214 MIAMI FL 33129 2525 SW 3RD AVE STE 214 MIAMI FL 33129 | | E | Date Incorporated or Qualified | | | |
| | (5) | Total Management | | 04/04/1975 4. FEI Number | 03/31/1995 Applied F | |
| 2. Principal Place | e of Business | 2a. Mailing Address 26 | | 59-1585047 | Applied I Not Appl | |
| Suite, Apt. #, | etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Addition | |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May E | |
| 3 | | 28 | | Trust Fund Contribution | Added to Fee | |
| Zip | Country | Zip | Country | 8. This corporation has liability for | | |
| 4 | 25 | 29 | 30 | Florida Statutes X Yes 10. Name and Address of New F | No No | |
| | 9. Name and Address of Curren | t Hegistered Agent | 81 Name | 10, Name and Address of New h | Jedistalan Whalif | |
| ZIEGLER, SHARVEY | | | | dress (P.O. Box Number is Not Acceptat. | a (D.C. Bay Number in Not Accordable) | |
| | RICKELL AVE. STE 400 | | 82 Street Ad | dress (F.O. Box Number is Not Acceptate | ole; | |
| MIAMI F | | | 83 | | | |
| | | | 84 Orty | | ■ 85 Zip Code | |
| | | | 1 1 | | FL 3 7 F Code | |
| or registered familiar with | the provisions of Sections 607,0002 flagent, or both, in the State of Floor , and accept the obligations of, Secti | In. Such change was autho | orized by the corporation's bo | ioration submits this statement for the pu- nant of onectors. Thereby accept the app | ointment as régistered agent. I | |
| or registered familiar with SIGNATURE _ s | diagent, or both, in the State of Floor, and accept the oblightions of Section 1997, special productions of Section 1997, special production | in Such change was aufho on 607.0505, Florida Statul austro tagal asso D DIRECTORS | trized by the corporation's to tes | xard of prectors. Thereby appear the app | CAIL COUNTY OF THE COURS IN 1 | |
| or registered familiar with SIGNATURE:S 12. | diagent, or both, in the State of Floor, and accept the oblightions of Section (Control of Section (Contro | in Surth change was authorion 607,0505, Florida Statul | rized by the corporation's botos (Yelfs, Region : Apotospotioner) 13. 1 Cliff | nand of onectors. Thereby accept the app | pantment as registered agent. | |
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SIGNATURE:

SIGNATURE AND TYPE OF SHANTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)8598714

CR2E034 (12/95)