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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 475997

(3)

Principal Place of Business Mailing Address 1806 NETHIA DRIVE 1605 NETHIA DRIVE COCONUT GROVE FL 33133 COCONUT GROVE FL 33133-2511								
					3. Date Incorporated or Qualified 05/06/1975	3a. Date 0		eport
2, Principal	Flace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26	·		59-1604598		No	t Applicable
22	nt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 / Fee Re	dditional quired
City & St		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip	Country	1	8. This corporation has liability for I			199.032,
24	25		30			Yes 1		
	g. Name and Address of Curr	ent Registered Agent	81		10. Name and Address of New Re	gistered Age	nt	
CIRAVOLO, RICK G 1805 NETHIA DRIVE MIAMI FL 33133				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83				
11. Pursual office o agent.	nt to the provisions of Sections 607.0 or registered agent, or both in the Sta I am familiar with, and accept the obl	502 and 607.1508, Florida Statute ate of Florida. Such change was at ligations of, Section 607.0505, Flor	s, the above thorized beida Statute	""	poration submits this statement for the p lion's board of directors. I hereby accep	FL I	Zip (anging it ment as	
SIGNATURI						DATE		
			<u> </u>	pistered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND D		DECTOR	C (b) 40	
12.	PTD	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	CIRAVOLO, RICK G		1.2 NAME		, t	h	o nanga	Land Monday
STREET ADORES	1		1	ADDRESS				
CITY ST - ZIP			1.4 CITY ST ZIP			····	01	1 4 4 4 5 4 4
TITLE	VS LEIGHT LEIGHT	☐ DEFEIE	2 1 TITLE	}		L	Change	Addition
NAME	ROTHSCHILD, LEIGH M	ELOOP.	2.2 NAME		, 5 ,			
STREET AODRES		PLOOR	2.3 STREE	r address				
CITY - ST - ZIP	MIAMI FL		2. 4 CITY -	ST-ZIP			-5	-
THILE		☐ DELETE	3.1 TITLE	1		ليا	Change	Addition
NAME	1		3.2 NAME	Ì				
STREET ADDRES	S		3.3 STREE					
City-St-ZIP			3.4. CITY -	ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE	}	☐ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME	- [
STREET ADDRES	8		4.3 STREE	T ADDRESS				
CITY-ST-ZIF	[4.4 CITY- :	ST-ZIP				

14. I do hereby certify that the information supplied with this filling 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 trusted ampowered be 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

DELETE

□ DELETE

HILE

NAME

THE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - S1 - 71P

FILED

Apr 29 1997 8:00am

Secretary of State

Change

Addition

Addition