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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 540721

(8)

M CORP

Principal Place of Business	Mailing

Mailing Address

FILED Apr 09 1997 8:00am Secretary of State



MIAMI FL 3315	MY #1450 6-9945	9350 S DIXIE HWY #1450 Miami Fl 33156-2945						
					3. Date Incorporated or Qualified 06/22/1977		e of Last F 1/1996	Report
	ace of Business	2a. Mailing Address			4. FEI Number		A	oplied For
21 367	5 SW 24 Street	26 3675 SW 2	4 stree	+	59-1745214		N	ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & State 23 M/AA	UI PL	City & State 28 M/AM/, FL			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24 33/4	Country	Zip	Country 10		8. This corporation has liability for Florida Statutes	intangible t Yes		. 19 9.032,
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered A	gent	
WEIS	SELBERG, ALAN I.		81 N	ame				
	II EL ANIPA ANIP-	Sw 24 Street	82 St	reet Addres	s (P.O. Box Number is Not Acceptate	ole)		
*****	MINA	1, FL 33145	83		THE STATE OF THE S			
			84 Ci	ty		FL	85 Zip	Code
agent flar SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation of the state of prior there of egisless agent	ations of, Section 607.0505, Flori	da Statutes.	·		DATE	-	
	OFFICERS AND		Hagistered Agent sig	nature required s	ATION reinstating)			
12		J DIRECTORS	E 12		ADDITIONS/CHANGES TO OFFIC	CINA SORT	DIRECTOR	2C INI 12
12.	PD	DELETE	13.		ADDITIONS/CHANGES TO OFFIC		DIRECTOR Change	
					ADDITIONS/CHANGES TO OFFICE			
11'14	PD		1,1 1/TLE	AESS 367				
TI'LE NAME	PD WEISELBERG, ALAN		1.1 TITLE 1.2 NAME	9ESS 367.				
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DOLE NAMI Street address Ony-St-78	PD WEISELBERG, ALAN 9350 S DIXIE HWY #1450	DECETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDI 1.4 CITY - ST - ZIF	AESS 367.			⊠ Change	. Addition
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1. I do hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information led cated 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 cologicalism of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if digitalized, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/6/77 @

(305) 441-2200