## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** łΤ



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

CORPORATION ANNUAL REPOR
1996
DOCUMENT #

594999

(5)

INTRASTATE REGISTERED AGENT CORPORATION  Principal Place of Business  Mailing Address										
						I 18600 BIIID FORK SIBIO 18810 IBIIO HIII BIGN BIGN BIGN BIGH BIGH BIGH BIGH BIGH IBI				
701 BRICKELL AVE. 701 BRICKELL AVE. 28TH FLOOR 28TH FLOOR										
MIAMI FL 33131 MIAMI FL 33						3. Date Incorporated or Qualified 12/29/1978	3a. Date	of Last Re 2/01/19		
2. Principal Pla	pipal Place of Business 2a. Mailing Address 26					4. FEI Number 59-1875407	1 1 1 1			
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired			Additional Required	
City & State	- Malanana	City & State	City & State			Election Campaign Financing     Trust Fund Contribution		S5.00 May Be Added to Fees		
Zip <b>24</b>	Country 25	Zip 29	Cou	intry		8. This corporation has liability for Florida Statutes	intangible ta	under s	199.032,	
	9. Name and Address of Curren			ĺ		10. Name and Address of New I	Registered A	gent		
				81	Name			_		
HAGEN	i, stéven h			B2	Street Add	ress (P.O. Box Number is Not Accepta	ble)			
701 BRICKELL AVE.					Ollool Add					
STE. 2				83					ļ	
MIAMI FL 33131				84	City			85 Zip	Code	
					•	oration submits this statement for the pu	FL			
SIGNATURE _	h, and accept the obligations of, Sect	and title if applicable. (NO		Agent s	ignature require	ed when reinstating: ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	RS IN 12	
12.	OFFICERS AND DIRECTORS  DELETE			1. 1 TITLE				] Change	Addition	
NAME	JAMIESON, MICHAEL L	<b>_</b>	1.2 N							
STREET ADDRESS	701 BRICKELL AVE., 28TH	FLR.		TREET AI	ODRESS					
CITY-ST-ZIF	MIAMI FL 33131	T == "		ITY - ST -					•	
TITLE	EMSD	2 1 TITLE				C	Change	■ Addition		
NAME	HAGEN, STEVEN H			AME						
STREET ADDRESS	701 BRICKELL AVE., 28TH FLR.			2.3 STREET ADDRESS						
CHY-ST-ZiP	MIAMI FL 33131		2 4 C	ITY-ST-	ZIP					
TOTALE	V DELETE			3 1 TITLE				] Change	☐ Addition	
NAME	HERNANDEZ-TORANO, JOI		3.2 N	AME	Ì					
STREET ADDRESS	701 BRICKELL AVE., 28TH	FLR.	3.3 \$	STREET A	DDRESS					
CHTY - ST - ZIP	MIAMI FL 33131			ITY-ST-	ZIP			7 Channa	[ Add3:00	
TITLE	V	☐ DELETE	4.11		}		L	] Change	Addition	
NAME	WEINSTEIN, ANDREW H	er 5.	4.2 N							
STREET ADDRESS	701 BRICKELL AVE., 28TH	FLH.		TREET A						
CITY - ST - ZIP	MAIMI FL 33131			4.4 CITY - ST - ZIP 5.1 TITLE			<del>-</del>	7 Change	Addition	
TITLE	V COEN FOWADD F	☐ DELETE					Ŀ	T ouside	Had-bott	
NAME	KOREN, EDWARD F		5.2 N		Danced					
STREET ADDRESS	1919 HARDEN BLVD.		- 1	TREET A						
CITY-ST-ZIP	LAKELAND FL 33803-1829	☐ DELETE		ITY - ST-	ZIP			Change	Addition	
TITLE	WILLED MODDIC H	□ pereie	6.11				L			
NAME	MILLER, MORRIS H	•••	6.2 N		000000					
STREET ADDRESS	315 CALHOUN ST., STE. 6	OU	•	TREET A						
CHTY-ST-ZIP	TALLAHASSEE FL 32301	We are the first to the standards from		PTY-ST		for the exemption stated in Section 11	0.07/3\/k\ Elo	rida Statul	tee I further	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 changed, or on an application of the receiver of the corporation 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 changed, or on an application of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of th

SIGNATURE:

Steven Hiltages 4/23/96 38-789-7756