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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division of Corporations

DOCUMENT # 620849

(0)

JACK M. DENARO, P.A.

FILED Jan 17 1997 8:00am Secretary of State

|--|

| Principal Place of Business Mailing Address | | | | | | HON HILL | AND NEWSTRAFT | . P1841 (84) | |
|---|--|---|--|------------------|----------------------------------|---|-----------------------------|--------------------|------------|
| Principa: Plac | e or business | Mailing Address DADELAND SQUARE, SUITE 504 7700 N. KENDALL DRIVE MIAMI FL 33156-7564 | | | | | | | |
| DADELAND SO 7700 N. KENDA MIAMI FL 3315 | | | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified | | | |
| 2. Principal P | Place of Business | 2a, Mailing Address | | | | 4. FEI Number | | A | pplied For |
| 21 | | 26 | | | 59-1912233 | | | ot Applicable | |
| Suite, Apt #, etc 22 | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | | Additional equired | |
| City & Stat | le | City & State | | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | |
| Zip | Country Zip Cou | | Country 8. This corporation has liability for intangible | | | tax under s | 3. 199.032, | | |
| 24 | 25 | | 30 | | | | Yes | | |
| | 9. Name and Address of Curren | t Registered Agent | | 81 | <u></u> | 10. Name and Address of New Re | pistered . | Agent | |
| DENARO, JACK M | | | | | Name | | | | |
| 770 | O N KENDALL DR #504 | | | | Street Add | dress (P.O. Box Number is Not Acceptab | le) | | |
| MIA | MI FL 33156 | | | | , | | | | |
| | | | 83 | | | | | | |
| | | | | 84 | City | | FL | 85 Zip | Code |
| SIGNATURE | Speaker, typed or pict had note of registered light. OFFICERS AND | STORY SHEET SHEET BY | | | | rporation submits this statement for the pation's board of directors. I hereby acception when reinstating ADDITIONS/CHANGES TO OFFICE | DATE | | |
| THE | OP CATTOZAN | DELETE | 1 1 TITLE 1.2 NAME | | | ABOTTORO/GHANGES TO GITTO | LI IO FILE | Change | Addition |
| NAME | DENARO, JACK M | | | | | | | | |
| STREET ADDRESS | 7700 N KENDALL DR #504 | | 1 | | ADDRESS | | | | |
| CHTY-ST-ZIF | MIAMI, FL 00000 | | | ITY-S | | | | | |
| TITLE | ST | DELETE | 2.1 TITLE 2.2 NAMI | | | | | Change | Addition |
| NAME | DENARO, JACK M. | | | | | | | | |
| STREET ADORESS | 7700 N KENDALL DR #504 | | 2.3 \$ | TREET | ADDRESS | | | | |
| City-SI-ZiP | MIAMI, FL 00000 2 DELETE 3 | | 2.4 (| 01TY - 5 | ST - ZIP | | | | |
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| NAME | | | 32N | AME | | | | | |
| STREET ADDRESS | | | 338 | TREET | ADDRESS | | | | |
| CHY ST-ZIP | | T belove | | | ST - Z(P | | | 118 | |
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| TITLE | | | | | | | | Unango . | L. ROUNDI |
| NAME STOLET ADDRESS | | | 4 | | ADDRESS | | | | |
| STREET ADDRESS | i i | | | | | | | | |
| City - St - ZiP Title | <u> </u> | DELETE | 6.1 T | ITY - S ITI F | 1-21 | | | Change | Addition |
| NAME | 1 | hand treaters | 6.2 N | | Ì | | | 9 | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-SI-712 | | | | | 1 - 21P | | | | |
| printight (If | 1 | | 9.4 G | · · · · · • | 1 6/11 | | | | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information and cated on this annual report or supplemental arrival 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 Blo

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 7 97 (305)274-9550