SECOND NOTICE: CORPORATION WILL BE I AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DIS PROFIT CORPORATION ANNUAL REPORT 1997		E DISSOLVED	SOLVED ON OR AFTER SEPTEMBER 17, 1997. LVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			FILED Aug 20 1997 8:00am Secretary of State		
1. Corporation MARNO Principal Place	B Of Business	M:	(8)					
206-01 BISCAYNE BLVD C/O LEIFER 19667 TURNBERRY WAY 3L 19667 TURNBERRY WAY 3L N MIAMI BEACH FL 33180 N. MIAMI BCH. FL 33180								
n miami beag Uŝ	JH FL 33180	N	N. MIAMI BCH, FL 33180			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report		
						07/19/1979	02/07/1996	•
	ace of Business	2a. 26	26. Mailing Address			4. FEI Number		pplied For
1 Suite, Apt. #, etc.			Suite. Apt #, etc.			59-2579051	60 7E	lot Applicable Additional
2			7			5. Certificate of Status Desired Fee Required		
City & State 3			City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	 	Zip	Co	untry	8. This corporation owes or has pa	id the current year li	itangible
4	25 9. Name and Address of Cu	29 rrent Berlis	tered Acent	30	1	Personal Property Tax due June 10. Name and Address of New Re		No
11. Pursuant f office or ra agent. I a SIGNATURE	to the provisions of Sections 607. Bejistered agent, or both, in the S on familiar with, and accopt the o	0502 and 6 tate of Florid bligations of	07.1508, Florida Statut la. Such change was a , Section 607.0505, Flo	es, the a uthorize orida Sta	83 84 City bove-named corp of by the corpora tutes.	coration submits this statement for the p tion's board of directors. I hereby accep	FL	Code its registered s registered
12.	Signature, typod or printed name of registere	d agent and title AND DIREC	·····	Rogister	ed Agent signature requi	ADDITIONS/CHANGES TO OFFIC		DC (b) 10
TITLE NAME STREET ADDRESS	D LEIFER, MARSHA 19667 TURNBERRY WAY		DELETE	1.1 1 1.2 1	ITLE IAME ITREET ADDRESS		Change	Addition
CITY-ST-ZIP	N MIAMI BEACH FL	-			CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Holcomb, Lori Sue 2740 Everett Lane Tallahassee Fl		DELETE				[_] Change	Addition
Title Name Street Address City - St - Zip	VSD Leifer, Paul 19667 Turnberry Way N. Miami BCH. FL	#3L	M DELETE	9.11 3.21 3.3 9			Change	Addition
TITLE NAME STREET ADO RESS			DELETE	4.1 1 4. 2 4.3 5	ITLE NAME STREET ADDRESS		Change	Addition
City-St-Zip Iitle Name Street Address			DELETE	511 521 533	iame Street address		Change	Addition
CITY-ST-21P TITLE VAME STREET ADDRESS		·	DELETE	6.11 621 635	IAME STREET ADDRESS		[] Change	Addition
14, I do hereb informatio I am an of appears in	n indicated on this annual report fricer or director of the corporatio n Block 12 or Block 13 if change	or supplem n or the rec d, or on an a	is filing does not qualif ental annual report is tr piver or trustle empow attrohmort with an ado	y for the ue and ered to lress.	accurate and that execute this repo	d in Section 119.07(3)(i), Florida Statute t my signature shall have tho same loga rt as required by Chapter 607, Florida S	s. I further certify tha I effect as if made un tatutes; and that my	t the nder oath; that name

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