## 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 # 639568

(5)

**FILED** Apr 24 1997 8:00am Secretary of State

Principal Place 901 ALMERIA A P O BOX 1417: OORAL GABLES	VE STE 18	Mailing Address 301 ALMERIA AVE STE P 0 BOX 141725 CORAL GABLES FL 33	_					
					3. Date Incorporated or Qualified 10/15/1979	3a. Date o 04/23/		eport
2. Principal Pi	ace of Business	2a. Malling Address 26					oplied For of Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	See Required		
City & State	)	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added 1	May Be to Fees
Zip 24	Country 25	Ζ <sub>1</sub> ρ	—¬¬ ├─¬			This corporation has liability for intangible tax under s. 199.032, Ftorida Statutes Yes \( \square\) No		
	g, Name and Address of Curren	nt Registered Agent			10. Name and Address of New Reg	gistered Age	nt	
GRAPPELL, ARNOLD 301 ALMERIA AVE STE 1B CORAL GABLES FL 33134			8		dress (P.O. Box Number is Not Acceptab		5   Zip (	Code
office or re agent. I an SIGNATURE	agistered agent, or both, in the State in familiar with, and accept the obligations of the obligation of the state of the obligation of th	of Florida. Such change wa ations of, Section 607.0505, ant and tilled applicable (f	as authorized , Florida Statut	by the corpora es.	rporation submits this statement for the pration's board of directors. I hereby acception when reinstating)	FL urpose of chart the appoint	anging it ment as	s registered registered
12.	OFFICERS ANI		13.	<del></del>	ADDITIONS/CHANGES TO OFFIC			
TITLE NAME STREET ADDRESS COTY-ST-ZIP	VP GRAPPELL, ARNOLD 301 ALMERIA AVE STE 1B CORAL GABLES FL	L_] DELETE	1	1		U	Change	Addition
TITLE NAME STREET ADDRESS	P GRAPPELL, MEL 301 ALMERIA AVE STE 1B	DELETE	2 1 TITLE 2.2 NAM				Change	Addition
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY	- S1-ZIP	. •			ļ
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE		,			Change	Addition
TITLE NAME STREET ADDRESS		☐ DELETE	4.1 TITLE 4.2 NAM				Change	Addition
CITY-ST-ZIP TITLE NAME		DELETE	4.4 CITY 5.1 TITLE 5.2 NAM			. 0	Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	5.4 CITY 6.1 TITLE				Change	Addition
STREET ADDRESS City-St-Zip	w cartify that the information species	d with this filing does not a	6.4 City	ET ADDRESS -ST-ZIP	ed in Section 119 07(3)(i). Florida Statutes	Lighter	tify 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 attachment with an address.

2NT. 446.67AX