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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 649390

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Apr 30 1997 8:00an	1
Secretary of State	

Principal Place 9401-SW-61ST MAMFEL 831S	COURT.	Mailing Address 9401 SW 81ST COURT. MAIN FL 83156-1953					
. 09	and the second seco	January Comment	1. 126. 1. 126.	Date Incorporated or Qualified 12/26/1979		te of Last F 1/1996	
	ace of Business S.W. 128 STREET	28. Mailing Address 26. 5950 S.W. 1	777777 RCI	4. FEI Number 59-2055680			pplied For ot Applicable
Suite Apt		Suite, Apt. #, etc.	LEO DIMELL	5. Certificate of Status Desired		\$8.75	Additional equired
City & State  MIAM		City & State  28 MIAMI FL		Election Campaign Financing     Trust Fund Contribution	_ <del>.</del>	\$5.00	May Be to Fees
Ζφ	Country -7129 25 US	Zip 29 33156-71293	Country US	8. This corporation has liability for		tax under s	
100=00	9. Name and Address of Current			10. Name and Address of New R	egistered A	gent	
9401	LER, BRADLEY R. 1-SW 61ST COURT MI FL 33156	•	82 Street Add	AILLER, BRADLEY R. dress (P.O. Box Number is Not Accepte 5950 S.W. 128 STRE	able)		
			B4 City	MIAMI	FL	85 Zip	Code <b>156-71</b> :
office or re	eg-stered agent, or both, in the State of	of Florida, Such change was au	A MIC WOOLD HOUSING DO	poration document and enterine in the	ant the anne	vintment ac	registered
	m familiar with, and accept the obligat		thorized by the corpore da Statutes.  Registered Agent signature requ	rooration submits this statement for the ation's board of directors. I hereby acceuted when reinstating)	DATE	Jimmon as	registered
SIGNATURE	High atom Typed by produce came of high-deced agen OFFICERS AND	and title d'applicable (NOTE: I DIRECTORS	Registered Agent signature requ	uired when reinstating)  ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTOR	PS IN 12
SIGNATURE 12.	by and typed or peaks run eith rigidered agen OFFICERS AND	and title if applicable (NOTE: I	Registered Agent signature requirements 13.	uired when reinstating)  ADDITIONS/CHANGES TO OFF	DATE ICERS AND		PS IN 12
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. Further certify that the information indicated on this annual report or supplement; 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 receipter or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or Block 12 or Block 13 or Block 13 or Block 14 or Block 15 or Block 15 or Block 16 or Block 16 or Block 17 or Block 17 or Block 18 or Block 18 or Block 18 or Block 19 or Bloc

SIGNATURE:

DREANE TYPEO OR PRINTED LAME OF SIGNING OFFICER OR DIRECTOR

4-22-97

305-666-1617

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