FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Sandra B. Mortham

	JAL REPORT 1997	Secretary	Secretary of State DIVISION OF CORPORATIONS		Secretary of State		
DOCUN 1. Corporation	MENT # 675712	? (4)					
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Principal Place		Mailing Address	· · · · · · · · · · · · · · · · · · ·		i ibakin dilin lodah anah merah india 179	i Ofolk bibli bibli bibli olu	
337 NE 59 TERRACE MIAMI FL 33137		337 NE 59 TERRACE MIAMI FL 33137-2122					
i					3. Date Incorporated or Qualified 06/10/1980	3a. Date of Last 01/23/1996	
2, Principal Pl 21	ace of Business	2a, Mailing Address 26			4, FEI Number 59-2019258	 	Applied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.	···		5. Certificate of Status Desired	\$8.75	Additional Regulred
City & State)	City & State			8. Election Campaign Financing	\$5.00	D May Be
23	Country	Zip	Country		Trust Fund Contribution 8. This corporation has liability for	intangible tax under	s. 199.032,
24	25 g. Name and Address of Curren		30		Florida Statutes 10. Name and Address of New Re	Yes No	
HOF	FMAN, ROBERT	it neglistered Agent	81 Na		10, Hattie allo Addiess of Herr He	Mistelen Mail	
DAD W E4 CT				earhhA tae	Address (P.O. Box Number is Not Acceptable)		
MIAI	MI BEACH FL				o ti 10. Don Humbol to Not Noople		
			83				-
			64 Cit	у		FL 85 Zip	Code
11 Pursuant t	to the provisions of Sections 607.050	2 and 607.1508. Florida Statute	s, the a ove-nar	med corpora	ation submits this statement for the	purpose of changing	its registered
Office or re	to the provisions of Sections 607.050 egisternd agent, or both, in the State in faythar with, and accept the oblic	of Florida, Such change was au ations of Section 607,0505, Flor	uthurized by the	corporation	's board of directors. I hereby acce	pt the appointment a	s registered
SIGNATURE	POPERT HOP	FMAN PRESIDEN	F I			4/23/97	'
	Signature, typical or printed frame of registered age			nature required v	when reinstating)	DATE	
12.	ST OFFICERS AN	D DIRECTORS DELETE	13. 11 T/L E	_ 	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	
NAME	HOFFMAN, BARBRA		1.2 MM/E		<u>.</u>		
STREET ADDRESS	335 NE 59 TERRACE		1.3 ST EET ADDRI	ess 33	7NBS9 terrace		
CITY - ST - ZIP	MIAMI FL		1.4 CF V-ST-ZIP	MIA	WFL 33137		
TILE	PO	☐ DELETE	2.1 TF E			Change	Addition
NAME	HOFFMAN, ROBERT		2.2 NAME	.			}
STREET ADDRESS	648 W 51ST ST MIAMI BCH FL		2.3 STEET ADDRE		W. 1200 Al = 1 70	አ	
CHY-ST-ZIP TITLE	MIZMI DOTI FL	DELETE	2.4 CI Y-ST-ZIP 3.1 TILE	run	MI BANCHIFL 3814	☐ Change	Addition
NAME			32 N/ NE				
STREET ADDRESS			3.3 STEET ADDRE	FSS			[
CHTY - ST - ZIP			3.4. C Y - ST - ZIP		······································		
TITLE		DELETE	4.1 77			Change	Addition
NAME			4, 2 H IE -	rm			ł
STREET ADDRESS			4.3 STEET ADDRE	130			
TILLE		DELETE	5.1 T		······································	Change	Addition
NAME			5.2 4			· •	ļ
STREET ADDRESS			5.3 SET ADDRE	ESS			
CITY-ST ZIP		Deire	5.4 C ST-ZIP			T AL	
TIFLE		☐ DELETE	6.1 TI			Change	Addition
NAME CTOCKS AND DESC			62 M 63 S T ADDRE	22:			1
STREET ADDRESS CITY:ST:ZIP			6.4 CO ST-ZIP				
14 Ldo heret	by certify that the information supplie	d with this filing does not qualify	y for the emption	on stated in	Section 119.07(3)(i), Florida Statute	s. I further certify tha	it the
lam an o	on indicated on this annual report or ifficer or director of the corporation o in Block 12 or Block 13 if changed, c	r the receiver or trustee empower	ered to excute ti	his report as	y signature shall have the same lega s required by Chapter 607, Florida i	ar enect as it made ui Statutes; and that my	nger oath; that name

SIGNATURE: