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NONPROFIT CORPORATION ANNUAL REPORT



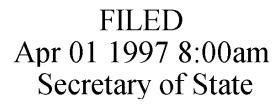
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

(2)



Zip County 25	Principal Place 8340 HARDING MIAMI FL 33141	AVE	Mailing Ac B340 HARDI MIAMI FL 3	NG AVE					
Surice, Apr. #, etc. 28									
Suffe, Apri 4, etc. 27		lace of Business	<u> </u>	Address					
City & State City County County County County County County State County State	Suite, Apt.	#, etc.	Suite, A	Apt. #, etc.					5 Additional
Zip Country Zip Country Zip Country 2 30 50 50 50 50 50 50 50	City & State	2		State			6. Election Campaign Financing	\$5.0	 -
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Parameter Name and Address of New Registered Agent 12. Street Address (P.C. Box Number is Not Acceptable) 13. Name 14. City 15. Street Address (P.C. Box Number is Not Acceptable) 15. Parameter to the provisions of Sections 517,0500 pm 617,1508, Florida Statutes, the above-named coopcration submits this statement for the purpose of changing its register difficion or registered appert, or both, in the State of Porida. Such change was authoriced by the corporation's board of directors. I hereby accept the exportment as registered agent, or both, in the State of Porida. Such change was authoriced by the corporation's board of directors. I hereby accept the exportment as registered agent, or both, in the State of Porida. Such change was authoriced by the corporation's board of directors. I hereby accept the exportment as registered agent, and the provide was authoriced by the corporation's board of directors. I hereby accept the exportment as registered agent. I armitally with, and accept the obligations of, Section 617,0503, Florida Statutes. 15. ADDITIONISCHANGES TO OFFICERS AND DIRECTORS IN 12. THIRE 12. OFFICERS AND DIRECTORS. IN 12. THIRE 12. ADDITIONISCHANGES TO OFFICERS AND DIRECTORS IN 12. THIRE 12. ADDITIONISCHANGES TO OFFICERS AND DIRECTORS IN 12. THIRE 12. ADDITIONISCHANGES TO OFFICERS AND DIRECTORS IN 12. THIRE 12. ADDITIONISCHANGES TO OFFICERS AND DIRECTORS IN 12. THIRE 13. STREET ADDRESS 14. CITY-ST-2P 15. ADDITIONISCHANGES TO OFFICERS AND DIRECTORS IN 12. THIRE 15. ADDITIONISCHANGES TO OFFICERS AND DIRECTORS IN 12. THIRE 16. Change Agent agents agents agents agent	23	Country			Country			1100	
REKANT, KENNETH N., ESQUIRE ONE LINCOLN ROAD BUILDING SUITE 208	24)	├ ─ŋ	_ _		 				er 6. 199.032,
REKANT, KENNETH N., ESQUIRE ONE LINCOLN ROAD BUILDING SUITE 208 MAM BEACH FL 33139-2086 4 Dity FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617 1506, Florida Statutes. the above-named corporation submits this statement for the purpose of changing its register of agent. Lam namilar with, and accept the obligations of, Section 617,0502 and 617 1506, Florida Statutes. the above-named corporation submits this statement for the purpose of changing its register of agent. Lam namilar with, and accept the obligations of, Section 617,0502, Florida Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered agent and me rapidosone in 17,0502, Florida Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered agent and me rapidosone in 17,0502, Florida Statutes. The above-named corporation is board of directors. I hereby accept the appointment as registered agent and me rapidosone. SIGNATURE Signature specified agent or both, in the State of Florida Statutes. The above-named corporation is submits this statement for the purpose of changing its register of directors. I hereby accept the appointment as registered agent and me rapidosone. III TO		9, Name and Address of Curre	ent Registered A	gent			10. Name and Address of New Re	gistered Agent	
ONE LINCOLN ROAD BUILDING SUITE 208 MIAMI BEACH FL 33139-2086 4 City FL 8 Divy FL 8					81	Name			
SUITE 208					82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
MIAMI BEACH FL 33139-2086 Edity FL					83		,		
The Present to the provisions of Sections 617 0500 and 617 1508. Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registerer agent, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registerer agent. I am familiar with, and accept the obligations of, Section 617 0503, Floridal Statutes. SIGNATURE Signature typed or printed name of legistered agent and the flaphicable (NOTE Registered Agent agriculture required when reinstating) DATE 12. OFFICERS AND DIRECTORS 113. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 111 TITLE NAME AGARCIA, URSULA SIRRET ADDRESS CITY-51-7P MIAMI BCH. FL DELETE 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE AGAIN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE DELETE 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE DELETE 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE DELETE 13 STREET ADDRESS CITY-51-7P MAMI BCH. FL DELETE 21 TITLE DELETE 21 TITLE DELETE 32 NAME STREET ADDRESS CITY-51-7P MAMI BCH. FL SD DELETE 33 STREET ADDRESS CITY-51-7P TITLE SD DELETE 44 TITLE SD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE Change Addit ADDRESS CITY-51-7P TITLE SD DELETE 44 TITLE SD Change Addit ADDRESS CITY-51-7P TITLE SD DELETE 44 TITLE SD Change Addit ADDRESS CITY-51-7P TITLE SD Change Addit ADDRESS CITY-51-7P TITLE SD Change Addit ADDRESS CITY-51-7P TITLE SD STREET ADDRESS CITY-51-7P SA CITY-51-7P						Cibi		les l	7in Codo
SIGNATURE Signature typed or printed rame of registered agent and title if applicable Agent signature required when reinstating) DATE						1 "		FL []	·
SIGNATURE Signature typed or printed rame of registered agent and title if applicable Agent signature required when reinstating) DATE	 Pursuant office or re 	to the provisions of Sections 617.05 egistered agent, or both, in the Stat	602 and 617.1508 te of Florida. Such	, Florida Statut change was	tes, the abov authorized b	e-named corpora	poration submits this statement for the pation's board of directors. I hereby acception	purpose of changing the appointment of the appointm	ng its registered I as registered
Signature, typed or printed read printed read policy and lite of approlabative (NOTE Replistance Agan't signature required when cerestaring) 7. OFFICERS AND DIRECTORS TITLE TO GARCIA, URSULA STREET ADDRESS 8340 HARDING AVE APT 302 12. NAME SCAUSO, INES 8340 HARDING AVE APT 302 DELETE 1.1 TITLE PD GELETE 1.2 NAME 1.2 NAME	agent. I a	m familiar with, and accept the obli	gations of, Section	n 617.0503, Fl	lorida Statute	S .	•	• • •	
12.	SIGNATURE .	Signature, typed or printed name of registered a	igen: and title if applicab	ie (NO	TE Registered Ac	ent signature requ	tired when reinstating)	DATE	
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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 indicated on this ennual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Daytime Phone # 0029750