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

	JMENT # 823635 IEDGE RESOURCES FUND	5 (8)			
Principa Pia	ice of Business	Mailing Address			ENBIN DIANA DIANI BADIH ENDIN DIANI IDDI
6161 BLUE LAGOON DR. STE 270 MIAMI FL 33126		6161 BLUE LAGOON DR. STE 270 MIAMI FL 33126-2046			
				3. Date Incorporated or Qualified 08/21/1969	3a. Date of Last Report 04/11/1996
1	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21] Suite, Apt. #, etc.		Suite, Apt. #, etc		59-1280213	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State 23		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24]	Country 25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes 🔀 No
	9, Name and Address of Curre	nt Registered Agent	04	10. Name and Address of New Re	gistered Agent
	ONG,EDMOND J		81 Name		rie e
6161 BLUE LAGOON DR.#270 MIAMI FL 33126			82 Street	Address (P.O. Box Number is Not Acceptate	ole)
IMP	TIME TE OUTED		83		
			84 City		EL 85 Zip Code 0/8
SIGNATURE	Signature, type due ponted name of registerest as		NOTE: Registered Agent signature		DATE
12. TOLE	PST OFFICERS AF	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	GONG,EDMOND J		1.2 NAME		
STREET ADDRESS		0	1.3 STREET ADDRESS		
C-IY-S1 7/P	MIAMI FL.	T bu cre	1.4 CITY-ST-ZIP		
THILE NAME	D GONG, EDMOND J.	DELETE	2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS	ALAL BUILD LAGGON BY ANT	0	2.3 STREET ADDRESS		
C:TY - S1 - 7IP	MIAMI FL		2. 4 CITY-ST-ZIP		
THEE		☐ DELETE	3.1 TITLE		Change Addition
NAME DEPART NAME OF SECOND			3.2 NAME		
STREET ADDRESS CITY ST-20P			3.3 STREET ADDRESS 3.4. C(TY-ST-2IP		
MILE	THE CONTRACTOR STATE OF THE CO	DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDALES			4.3 STREET ADDRESS	'	
C(1) - SI - 7(P		DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE NAME		D pretit	5.1 TITLE 5.2 NAME		Fin evenile Fin vention
STREET ADDRESS			5.3 STREET ADDRESS		
OTY - \$1 - 7IP			5.4 CITY-ST-ZIP		
"Oti		DELETE	6.1 TITLE		Change Addition
NAM:			6.2 NAME		
STREET ADDRESS	·		6.3 STREET ADDRESS		
CdY-SI-ZIP 14. I do here	I eby certify that the information supplie	ed with this filing does not au	6.4 CITY-ST-ZIP lalify for the exemption s	L stated in Section 119.07(3)(i), Florida Statute	s. I further certify that the
informat Lam au	ion undicated on this annual report or	supplemental annual report in the receiver or trustee amp	Is true and accurate and lowered to execute this r	I that my signature shall have the same lega report as required by Chapter 607, Florida S	l affect as if made under eath: that

SIGNATURE:

COLUMN THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-12-97

(305

261-622

Daytime Etyme #

FILED

Apr 18 1997 8:00am

Secretary of State