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

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 15 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 838185

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Principal Place	e of Busines:			Mail	ing Address									
4000 TOWERSIDE TERRACE				4000 TOWERSIDE TERRACE										
APT. 1107 MIAMI FL 33138				APT. 1107 Miami Fl 33138					DO NOT WRITE IN THIS SPACE					
U\$				U\$						3. Date Incorporated or Qualified 04/11/1977				
2. Principal Place of Business 21				2a. Mailing Address 26						4, FEI Number 59-1709816			plied For it Applicable	
Suite, Apt. #, etc.				Suite Apt. #, etc.						5. Certificate of Status Desired		\$8.75 / Fee Re		
City & State				City & State						6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added		
Zip 24	25			29	'ıp 	30 Count				This corporation owes or has paid     Personal Property Tax due June 3	30. 🚂	), 🚜 Yes 🗌 No		
		and Address	of Current F	egiste	red Agent		81	Name		10. Name and Address of New Reg	Istered A	gent		
	UGLAS, RO						01	IName	; 		·			
475 N E 125 ST N MIAMI FL 33161							82	Street	Addre	ss (P.O. Box Number is Not Acceptable	e)			
***							83							
							84	City			FL	<b>85</b> Z(p) (	Code	
office or re agent. I at SIGNATURE	egistered ag m familiar wi	ent, or both, in th, and accep or posted name of	the State of the obligation	Florida ins of, S	Such change was Section 607.0505, F	authorize lorida Sta htt: Registere	d by tules	the co	rporatio	oration submits this statement for the pu on's board of directors. Thereby accept diwhen revistating)	the appo	intment as	registered	
TITLE	PD	OLL	CERS AND E	PIRECT	ORS DELFTE	13.			т	ADDITIONS/CHANGES TO OFFICE		DIRECTOR Change	IS IN 12	
NAME		ASS, ROBER	T R		E.J D(1) (C	1 1 11 1.2 N					L	Griangs	[] Monitor	
STREET ADDRESS	10000 115 0711 115							ADORESS						
CITY-ST-ZIP	MIAMI F	L				1.4 C	ITY · S	1 - 719						
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NAME		NSS, ROBER				22 N			1					
STREET ADDRESS CITY-ST-ZIP	MIAMI F	i.e. 6th ave 1	•				HEET HTY-S	ADDRESS L. 21P						
TITLE	ST				DELETE	3.1 11			1			Change	Addition	
NAME		ASS, GLORIA				3.2 N	AME							
STREET ADDRESS		i.e. 6th ave	•			1		ADDRESS	1					
TTY-ST-ZIP	MIAMI F	<u> </u>		J- · · ·	DELETE	34 C	HY-S	1-ZIP				Change	Addition	
NAME	_	ASS, GLORIA	<b>S</b> .			4. 2 N								
STREET ADDRESS	10828 N	I.E. 6TH AVE						ADDRESS						
CITY-ST-ZIP	MIAMI FI	L					17 - S1	- ZIP	1			·		
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NAME OTDGET ADDDESS						5.2 N		ADODLOG						
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NAME						62 N	AME						ĺ	
STREET ADDRESS						6 3 S	I HEE I	ADDRESS						

6/17-57-2/P

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(\$\(\)(i)\), Horida Statutes. I further certify that the information indicated on this annual report or supplimental 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 13 if changed, or on an attachment with an address.