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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business
701 BRICKELL AVENUE. SUITE 1200

MIAMI FL 33131



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01211

(4)

701 BRICKELL AVENUE. SUITE 1200

Mailing Address

MIAMI FL 33131-2851

GEORGE R. RICHARDS, P.A.

FILED Feb 11 1997 8:00am Secretary of State



l					1		
					3. Date Incorporated or Qualified 10/01/1980 3a. Date of Last Report 01/23/1996		
2. Principa	al Place of Business	2a. Mailing Address	C	1.	4. FEI Number		Applied For
	130 Alfonso Ave	26 930 A1	76450	lue	59-2055101		Not Applicable
Suite, Ap	pt. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	T	75 Additional e Required
City & S	State	City & State		to 1	6. Election Campaign Financing	\$5	.00 May Be
23 C'C+	ral Gables, FL	28 Coral Ga	3103	1-6	Trust Fund Contribution	Ad Ad	ded to Fees
Zip 🗩 ,	Country	Ζφ	Country 30 4/		8. This corporation has liability for i		der s. 199.032,
24 3	3146 25 U.S. 9. Name and Address of Curre		30 4	رح.	Florida Statutes  10. Name and Address of New Re	Yes X No	
		nt negistereu Agent	81	Name	10. Name and Address of New he	Arstelan Wallt	
	ICHARDS, GEORGE R	Δ.		INGING			
	01 BRICKELL AVENUE, SUITE 120	U	82	82 Street Address (P.O. Box Number is Not Acceptable)			
M	IIAMI FL 33131		83				
			63				
			84	City		FL 85	Zip Code
11 Pureus	ant to the provisions of Sections 607.05	02 and 607 1508. Florida Statuto	s the above	a-named corp	oration submits this statement for the n		ing its registered
office r	or reg stered agent or both, in the Stak Lani familiar with, and accept the oblig	e of Florida. Such change was au	uthorized by	the corporati	on's board of directors. I hereby accep	ot the appointmen	nt as registered
SIGNATUR	Signature, typed or printed name of registered ag			ent signature require	ed when reinstating)	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PSTD	DELETE	1,1 TITLE	-		Cha	inge [] Addition
NAME	RICHARDS, GEORGE R	T 4000	1.2 NAME				
STREET ADDRES		E 1200	1.3 STACET	ADDRESS			
C(TY+ST-7)P	MIAMI FL 33131	T on ser	1.4 CITY - S	T-ZIP		77.05	T 4 439
TITLE		☐ DELETE	2.1 TITLE	- 1		Cha	inge 🔲 Addition
NAME			2.2 NAME				
STREET ADDRES	58		2.3 STREET				
CITY - ST - ZIF		Dr) Frr	2 4 CITY-	ST- ZIP		T 000	man Adair
1111.6		☐ DELETE	3 1 TITLE	1		[] Cha	inge [] Addition
NAME			32 NAME				
STREET ADDRES	SS		3 3 STREET				
CITY-ST-ZIF		T beleve	3 4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Chi	inge [] Addition
NAMÉ			4, 2 NAME				
STREET ADDRES	ss		4.3 STREET	ADDRESS			
CITY-ST-ZIF			4.4 CITY - S	IT-ZIP	·		
TITLE	ŀ	DELETE	5.1 T(TLE			[_] Ch	ange L. Addition
NAME			5.2 NAME			•	
STREET ADORE:	SS		5.3 STREET	ADDRESS		•	
CITY - ST - ZIP		······································	5.4 CITY-S	ST - ZIP			
TITLE		☐ DELETE	6.1 THILE	T -	<del></del>	☐ Chi	ange 🔲 Addition
NAME			6.2 NAME				
STREET ADDRES	ss		6.3 STREET	ADDRESS			•
CITY - S1 - ZIP			6.4 CITY - 5	ST-ZIP			

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 annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GOOTE PRINTED NAME OF SIGNING OFFICER OR DIRECTO

\_\_\_\_\_

Dayt me Phone #