## 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

DOCUMENT # F62001

(5)

GEORGE R. LEVIE, CPA, P.A.

FILED Apr 17 1997 8:00am Secretary of State

|--|

Principal Place	of Business		М	tailing Add	aress								
706 VERONA C FT LADUERDAE			FI		a CT Dael Fl 333	326-3543							
US				us					3. Date Incorporated or Qualified 02/01/1982		3a. Date of Last Report 04/15/1996		
2. Principal Pl.	ace of Business		2a.	. Mailing	Address	<del></del>		<del></del>	4. FEI Number			Appl	ed For
21			26						59-2154862	,		Not a	Applicable
Suite, Apt. #	#, elc.		27	Suite, Ap	pt. #, etc.				5. Certificate of Status Desired			<b>75</b> Ad e Reqi	ditional Jired
City & State	)	//	28	City & S	tate				Election Campaign Financing     Trust Fund Contribution			.00 M	
Ζιμ <b>24</b>	25	ountry	29	Zip		30	untry		This corporation has liability to     Florida Statutes	r intangible Yes		ler s. 1	99.032,
		Address of Curi		stered Ag	ent				10. Name and Address of New F	egistered /	Agent		
	e, george r		-				81	Name					
7720 S.W. 173RD STREET MIAMI FL 33157							82	Street Add	ess (P.O. Box Number is Not Acceptable)				
	= = · · • •						83		······································				
							84	City	, and the same of	FL	85	Zip Co	ode
11. Pursuant la office or re agent Lar	o the provisions o egistered agent, o m familiar with, an	t Sections 607.0 r both, in the Sta d accent the ob	ate of Flori	607,1508, ida, Such of Section	Florida State change was	lutes, the a s authorize Florida Sta	above ed by	r the corpora	poration submits this statement for the tion's board of directors. I hereby acc	ept the app	ointmer	il as re	gistered
office or re agent ∃ ar SiGNATUR€	o trie provisions o egistered agent, o in familiar with, an	r both, in the Sta d accept the ob	ate of Flori ligations o	ida, Such of, Section	change was 607.0505, F	s authorize Florida Sta	ed by atutes	the corpora	tion's board of directors. I hereby acc	ept the app	ointmer	il as re	gistered
office or re agent ∔ar SIGNATURE	egistered agent, o n familiar with, an Signalias, lyted of prof	r both, in the Sta d accept the ob	ate of Flori ligations of agent and tilk	ida, Such of, Section e Lapplicable CTORS	change was 607.0505, I	s authorize Florida Sta	ed by atutes ed Age	the corpora	tion's board of directors. I hereby acc	ept the app	DIREC	TORS	gistered IN 12
office of reagent. Far SIGNATURE  12.	egistered agent, o n familiar with, an Significa, typed or prof	r both, in the Sta d accept the ob- ecraminal registered OFFICERS A	ate of Flori ligations of agent and tilk	ida, Such of, Section e Lapplicable CTORS	change was 607.0505, F	s authorize Florida Sta OTE: Registera 13.	ed by atutes ed Age	the corpora	tion's board of directors. I hereby acc	ept the app	ointmer	TORS	gistered IN 12
office of reagent Har SIGNATURE  12. THEE	egistered agent, on familiar with, an Signature, bytend or print PD LEVIE, GEORG	r both, in the Sta d accept the ob- condition of registered OFFICERS A	ate of Flori ligations of agent and tilk	ida, Such of, Section e Lapplicable CTORS	change was 607.0505, I	s authorize Florida Sta OTE: Registers 13.	ed Age	r the corpora	tion's board of directors. I hereby acc	ept the app	DIREC	TORS	gistered IN 12
office of reagent. Far agent. Far	egistered agent, on familiar with, an Signification by product produc	r both, in the St d accept the ob corame of registered OFFICERS A SE R CT	ate of Flori ligations of agent and tilk	ida, Such of, Section e Lapplicable CTORS	change was 607.0505, I	s authorize Florida Sta OTE: Registere 13, 1.1 T 1.2 N	ed Age  IITLE  NAME  STREET	ADORESS	tion's board of directors. I hereby acc	ept the app	DIREC	TORS	gistered
office of reagent. Far agent. Far	egistered agent, on familiar with, an Signature, bytend or print PD LEVIE, GEORG	r both, in the St d accept the ob corame of registered OFFICERS A SE R CT	ate of Flori ligations of agent and tilk	ida, Such of, Section e Lamplicable CTORS	Change was 607,0505, i	s authorize Florida Sta OTE: Registere 13, 1.1 T 1.2 N 1.3 S 1.4 C	ed Age  IITLE  NAME  STREET  CITY S	ADORESS	tion's board of directors. I hereby acc	ept the app	DIREC Cha	TORS	gistered IN 12 Addition
office of reagent. Far SIGNATURE  12.	egistered agent, on familiar with, an Signification by product produc	r both, in the St d accept the ob corame of registered OFFICERS A SE R CT	ate of Flori ligations of agent and tilk	ida, Such of, Section e Lamplicable CTORS	change was 607.0505, I	S authorize Florida Sta OTE: Registere 13. 1.1.1 1.2.N 1.3.5 1.4.0 2.1.1	ed Age  IITLE  NAME  STREET  CITY S	ADORESS	tion's board of directors. I hereby acc	ept the app	DIREC	TORS	gistered IN 12 Addition
office of reagent. Far agent. Far agent. Far Signature  12.  Tirle  NAME  STREEL ADDRESS  GITY-S1-ZIP  TIRLE  NAME	egistered agent, on familiar with, an Signification by product produc	r both, in the St d accept the ob corame of registered OFFICERS A SE R CT	ate of Flori ligations of agent and tilk	ida, Such of, Section e Lamplicable CTORS	Change was 607,0505, i	S authorize Florida Sta  OTE: Registers  13.  1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N	ed Age ed Age IITLE NAME STREET CITY - ST	ADORESS	tion's board of directors. I hereby acc	ept the app	DIREC Cha	TORS	gistered IN 12 Addition
office of the agent if are agent if are agent if are structure.  12.  Title NAME STREEL ADDRESS GITY-ST-ZIP TITLE NAME STREEL ADDRESS STREEL ADDRESS	egistered agent, on familiar with, an Signification by product produc	r both, in the St d accept the ob corame of registered OFFICERS A SE R CT	ate of Flori ligations of agent and tilk	ida, Such of, Section e Lamplicable CTORS	Change was 607,0505, i	s authorize Florida Sta  OTE: Registere  13. 1.11 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S	ed Age ed Age IITLE NAME STREET CITY - ST	m signature required and ADORESS T-ZIP	tion's board of directors. I hereby acc	ept the app	DIREC Cha	TORS	gistered IN 12 Addition
office of reagent 1 are agent 1 are signature.  12. THEE NAME STREEL ADDRESS CITY-ST-ZIP THEE	egistered agent, on familiar with, an Signification by product produc	r both, in the St d accept the ob corame of registered OFFICERS A SE R CT	ate of Flori ligations of agent and tilk	ida, Such f, Section e l'applicable CTORS	Change was 607,0505, i	s authorize Florida Sta  OTE: Registere  13. 1.11 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S	ed by atutes ad Age TITLE NAME STREET CITY S TITLE NAME STREET CITY S	m signature required and ADORESS T-ZIP	tion's board of directors. I hereby acc	ept the app	DIREC Cha	TORS nge	IN 12 Addition
office of the agent it are agent it are agent it are structure.  12.  Title name street address city stizip itte name street address city stizip itte name street address city stizip.	egistered agent, on familiar with, an Signification by product produc	r both, in the St d accept the ob corame of registered OFFICERS A SE R CT	ate of Flori ligations of agent and tilk	ida, Such f, Section e l'applicable CTORS	Change was 607,0505, I	s authorizes Florida Sta  OTE: Register  13.  11.1  12.N  1.3.S  14.C  21.T  22.N  23.S  24.4	ed by atutes ad Age TITLE NAME STREET CITY S TITLE NAME STREET CITY S	m signature required and ADORESS T-ZIP	tion's board of directors. I hereby acc	ept the app	DIREC Cha	TORS nge	IN 12 Addition
Office of the agent Har agent Har SIGNATURE  12.  TITLE NAME STREEL ADDRESS GITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY ST-ZIP TITLE NAME	egistered agent, on familiar with, an Signification by product produc	r both, in the St d accept the ob corame of registered OFFICERS A SE R CT	ate of Flori ligations of agent and tilk	ida, Such f, Section e l'applicable CTORS	Change was 607,0505, I	s authorizes Florida Sta  OTE: Registers  13.  11.1  12.N  1.3.S  14.C  21.T  22.N  23.S  24.4  3.1.T  32.N	ad Age  ITTLE  NAME  STREET  TITLE  NAME	m signature required and ADORESS T-ZIP	tion's board of directors. I hereby acc	ept the app	DIREC Cha	TORS nge	IN 12 Addition
Office of the agent Har agent Har SIGNAT UPE  12.  TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, on familiar with, an Signification by product produc	r both, in the St d accept the ob corame of registered OFFICERS A SE R CT	ate of Flori ligations of agent and tilk	icia, Such f, Section e Larpricable CTORS	Change was 607,0505, I	S authorize Florida Sta  OTE: Register  13.  11.1  12.N  13.8  21.1  22.N  23.S  24.1  31.1  32.N  33.S	ed by addage  IITLE  NAME STREET CITY-S  TITLE  NAME CITY-S  TITLE  NAME CITY-S  TITLE  NAME CITY-S  CITY-S  CITY-S  CITY-S  CITY-S	ADDRESS ADDRESS ADDRESS ADDRESS	tion's board of directors. I hereby acc	ept the app	DIREC Cha	TORS nge	IN 12 Addition Addition
Office of the agent Har agent Har SIGNAT UPE  12.  TITLE NAME STREEL ADDRESS GITY ST - ZIP TITLE NAME STREEL ADDRESS CITY ST - ZIP TITLE NAME STREEL ADDRESS CITY ST - ZIP TITLE NAME STREEL ADDRESS CITY ST - ZIP TITLE	egistered agent, on familiar with, an Signification by product produc	r both, in the St d accept the ob corame of registered OFFICERS A SE R CT	ate of Flori ligations of agent and tilk	icia, Such f, Section e Larpricable CTORS	Change was 607,0505, I	S authorize Florida Sta  OTE: Registers  13. 111 12.N 1.3S 14.C 211 22.N 2.3S 2.41 3.11 32.N 3.3S 3.4.( 4.11	ed by atutes  ad Age  IITLE NAME CITY-S TITLE	ADDRESS ADDRESS ADDRESS ADDRESS	tion's board of directors. I hereby acc	ept the app	DIREC Cha	TORS nge	IN 12 Addition Addition
Office of the agent Har agent Har SIGNATURE  12.  TITLE  NAME  STREEL ADDRESS  CITY ST-ZIP  TITLE  NAME  STREEL ADDRESS  CITY ST-ZIP  TITLE  NAME  STREEL ADDRESS  CITY ST-ZIP  TITLE  NAME	egistered agent, on familiar with, an Signification by product produc	r both, in the St d accept the ob corame of registered OFFICERS A SE R CT	ate of Flori ligations of agent and tilk	icia, Such f, Section e Larpricable CTORS	Change was 607,0505, I	S authorize Florida Sta  OTE. Registere  13. 111 12.N 1.3S 14.C 211 22.N 23.S 2.41 3.17 32.N 3.4.1 4.11	ed by atutes  ad Age  IITLE  NAME  STREET  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  NAME  NAME  NAME  NAME	ADDRESS ST-ZIP ADDRESS ST-ZIP	tion's board of directors. I hereby acc	ept the app	DIREC Cha	TORS nge	IN 12 Addition Addition
Office of the agent Har agent Har SIGNAT UPE  12.  TITLE  NAME  STREEL ADDRESS  CITY ST-ZIP  TITLE  NAME  STREEL ADDRESS  STREEL ADDRESS	egistered agent, on familiar with, an Signification by product produc	r both, in the St d accept the ob corame of registered OFFICERS A SE R CT	ate of Flori ligations of agent and tilk	icia, Such f, Section e Larpricable CTORS	Change was 607,0505, I	S authorize Florida Sta  OTE: Registere  13. 1111 12.N 1.3S 14.0 21T 22.N 23.S 2.41 3.1T 32.N 33.S 3.4.1 4.11 4.21	and Age  TITLE  ANAME  BIREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET	ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	tion's board of directors. I hereby acc	ept the app	DIREC Cha	TORS nge	IN 12 Addition Addition
Office of the agent Har agent Har SIGNAT UPE  12.  TITLE  NAME  STREEL ADDRESS  CITY ST-ZIP	egistered agent, on familiar with, an Signification by product produc	r both, in the St d accept the ob corame of registered OFFICERS A SE R CT	ate of Flori ligations of agent and tilk	ida, Such f, Section e l'applicable CTORS	Change was 607,0505, I	S authorize Florida Sta  OTE: Registere  13. 1111 12.N 1.3S 14.0 21T 22.N 23.S 2.41 3.1T 32.N 33.S 3.4.1 4.11 4.21	ad Age  TITLE  ANAME  BIREET  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  CITY-S  TITLE  NAME  CITY-S  TITLE  NAME  CITY-S  TITLE  CITY-S	ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	tion's board of directors. I hereby acc	ept the app	DIREC Cha	TORS TORS  Tors  T	IN 12 Addition Addition Addition Addition
Office of the agent Har agent Har SIGNAT UPE  12.  TITLE  NAME  STREEL ADDRESS  CITY ST-ZIP  TITLE	egistered agent, on familiar with, an Signification by product produc	r both, in the St d accept the ob corame of registered OFFICERS A SE R CT	ate of Flori ligations of agent and tilk	ida, Such f, Section e l'applicable CTORS	DELETE  DELETE  DELETE	S authorize Florida Sta  OTE: Registere  13. 1117 12.N 13.S 14.C 217 22.N 23.S 2.41 3.17 32.N 33.S 3.4.C 4.17 4.21 4.35 4.4.C 5.11	ad Age  TITLE  ANAME  BIREET  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  CITY-S  TITLE  NAME  CITY-S  TITLE  NAME  CITY-S  TITLE  CITY-S	ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	tion's board of directors. I hereby acc	ept the app	DIREC Cha	TORS TORS  Tors  T	IN 12 Addition Addition Addition Addition
Office of the agent Har agent Har agent Har SIGNATURE  12. THE NAME STREEL ADDRESS CITY-ST-ZIP THE NAME STREEL ADDRESS CITY ST-ZIP THE NAME	egistered agent, on familiar with, an Signification by product produc	r both, in the St d accept the ob corame of registered OFFICERS A SE R CT	ate of Flori ligations of agent and tilk	ida, Such f, Section e l'applicable CTORS	DELETE  DELETE  DELETE	S authorize Florida Sta  OTE: Registere  13. 111 12.N 1.3S 14.C 21.T 22.N 23.S 2.41 3.1.T 32.N 33.S 4.1 4.17 4.21 4.3S 4.4.C 5.1.T 5.2.N	and Age  TITLE  NAME  STREET  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME	ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	tion's board of directors. I hereby acc	ept the app	DIREC Cha	TORS TORS  Tors  T	gistered
Office of the agent Har agent Har agent Har SIGNATURE  112.  THE NAME STREEL ADDRESS CHY-SI-ZIP THE NAME	egistered agent, on familiar with, an Signification by product produc	r both, in the St d accept the ob corame of registered OFFICERS A SE R CT	ate of Flori ligations of agent and tilk	ida, Such f, Section e l'applicable CTORS	DELETE  DELETE  DELETE	S authorize Florida Sta  OTE: Registere  13. 111 12.N 1.38 14.C 21T 22.N 23.S 2.41 3.11 32.N 33.S 4.1 4.17 4.21 4.35 4.4.C 5.11 52.N 5.38	and Age  TITLE  NAME  STREET  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	tion's board of directors. I hereby acc	ept the app	DIREC Cha	TORS TORS  Tors  T	IN 12 Addition Addition Addition Addition
Office of the agent Har agent Har agent Har agent Har III.  112.  111.  111.  111.  NAME STREEL ADDRESS CITY ST-ZIP TITLE NAME STREEL ADDRESS	egistered agent, on familiar with, an Signification by product produc	r both, in the St d accept the ob corame of registered OFFICERS A SE R CT	ate of Flori ligations of agent and tilk	ida, Such f, Section e i applicable CTORS	DELETE  DELETE  DELETE	S authorize Florida Sta  OTE: Registere  13. 111 12.N 1.38 14.C 21T 22.N 23.S 2.41 3.11 32.N 33.S 4.1 4.17 4.21 4.35 4.4.C 5.11 52.N 5.38	EN AME ESTREET CITY-S TITLE NAME STREET CITY-S	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	tion's board of directors. I hereby acc	ept the app	DIREC Cha	TORS TORS nge	gistered  IN 12 Addition Addition Addition Addition Addition Addition Addition
Office of the agent Har agent Har agent Har agent Har III.  112.  1111.	egistered agent, on familiar with, an Signification by product produc	r both, in the St d accept the ob corame of registered OFFICERS A SE R CT	ate of Flori ligations of agent and tilk	ida, Such f, Section e i applicable CTORS	DELETE  DELETE  DELETE  DELETE	S authorize Florida Sta  OTE: Registere  13. 111 12N 1.3S 14C 21T 22N 23S 241 3.1T 32N 33S 441 4.17 4.21 4.3S 44C 5.11 5.2N 5.36 6.1T	EN AME ESTREET CITY-S TITLE NAME STREET CITY-S	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	tion's board of directors. I hereby acc	ept the app	DIREC Cha	TORS TORS nge	IN 12 Addition Addition Addition Addition Addition Addition Addition
Office of the agent har agent har agent har agent har signature.  112.  Title NAME STREEL ADDRESS CITY-SI-ZIP TITLE	egistered agent, on familiar with, an Signification by product produc	r both, in the St d accept the ob corame of registered OFFICERS A SE R CT	ate of Flori ligations of agent and tilk	ida, Such f, Section e i applicable CTORS	DELETE  DELETE  DELETE  DELETE	S authorize Florida Sta  OTE: Registere  13. 111 12N 1.3S 14C 21T 22N 23S 244 3.1T 32N 33S 34.1 4.21 4.3S 44C 511 52N 53S 54C 61T 62N	AND	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	tion's board of directors. I hereby acc	ept the app	DIREC Cha	TORS TORS nge	IN 12 Addition Addition Addition Addition

4. I do hereby certify that the information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, Truther 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; the 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 12 if changed, or on an attachment with an address.

**SIGNATURE** 

Genrie R. Lu

(13/97 954-349-09)

0286002