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 # F74096

(1)

FILED Jan 29 1997 8:00 am Secretary of State



Principal Place of Business BLDG. 1008. N.W. 84TH & PERIMETER RD.

Mailing Address

BLDG, 1008, N.W. 64TH & PERIMETER RD.

MIAMI FL 3315		MIAMI FL 33152-3889			
				3. Date Incorporated or Qualified 03/30/1982	3a. Date of Last Report 01/22/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 2600	N.W. 75Th AVE	26 P.O. BOX 5	23889	59-2194062	Not Applicable
	200	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	ELA	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3.3 12	Country 25 U.S.A.	^{Zip} 33152 30	Country USA	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes \(\sum \) No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	istered Agent
GUT	HRIE, REX B		81 Name		
STE	3470 SE FINANCIAL CNTR		82 Street Addr	and (D.O. Bay Number in Not Assentable	3
MIAI	MI FL 33131		82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes.	the above-named corp	oration submits this statement for the pu	
office or re agent. I a	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida, Such charige was autitions of, Section 607.0505, Florid	horized by the corporation of the statutes.	oration submits this statement for the pu ion's board of directors. I hereby accept	t the appointment as registered
	Signature, typed or printed name of registered agen		registered Agent signature require		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD COMMINDO OF	☐ DELETE	11 TALE		Change Addition
NAME	EDWARDS, C.F.		1.2 NAME		
STREET ADDRESS	9740 S.W. 119TH STREET		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2 1 TITLE		Change Addition
NAME	HART, CLYDE		2 2 NAME		
STREET ADDRESS	17850 NW 84TH COURT		23 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		2 4 CITY+S1-ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3 2 NAME	•	İ
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY-ST-ZIP		
TITLE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - 7IP		
TITLE		☐ DELETE	6.1 TIFLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14 I do hereb	ou cartify that the information supplied	with this filing does not qualify t	or the exemption stated	Lin Section 110 07(2)(i) Florida Statuton	I fourth or contifue that the

The new yearing machine information supplies with rise liling does not quality 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 open attachment with an address.

(305) 513-6755 1-24-97