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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 29 1998 8:00am Secretary of State

DOCU 1. Corporatio FLORII	MENT OA IN FLIC		51	(5)					
Principal Plac	Principal Place of Business			ailing Address			T CONTROL BAR IN THE BUILD BUILD BUILD FOR BUILD FOR BUILD B	TERM BIRKE BIRE	## <b>#   #                               </b>
% ALFRED MANHEIM			•	% ALFRED MANHEIM					
5901 8W 74TH STREET. SUITE 403				5901 SW 74TH STREET. SUITE 403					
MIAMI FL 33143				MIAMI FL 33143			DO NOT WRITE IN THIS S	PACE	
							3. Date Incorporated or Qualified		
							04/05/1982		
2. Principal Place of Business			—	2s. Mailing Address			4. FEI Number		oplied For
Suite, Apt. #, etc.				Suite, Apt. #, etc.			59-2547959		ot Applicable
22				27			5. Certificate of Status Desired	See Re	Additional
City & State				City & State			6. Election Campaign Financing	\$5.00	<del></del>
23				28			Trust Fund Contribution	Added 1	
Zip			<del> </del> -	Zip Cr		,	8. This corporation owes or has paid the curri		
24	25		29						] No
	9, Name	and Address of Curi	rent Regis	tered Agent	81	<u> </u>	10. Name and Address of New Registered A	gent	
MANHEIM, ALFRED						Name			
5901 SW 74TH STREET				82 Str			ddress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33143								-n- <u>-</u>	
					83	]			
					84	City		<b>85</b> Zip (	Code
							<u>FL</u>	1 1	
	registered ag im familiar wit	ons or Sections 607.0 ent, or both, in the Sta th, and accept the ob-	ate of Floric ligations of	fa. Such change was Section 607.0505, F	authorized by lorida Statute	e-named co y the corpo s.	orporation submits this statement for the purpose of oration's board of directors. I hereby accept the appora-	intment as	registered
SIGNATURE	Signature typed	or priviled name of registment	Agent and title	if applicable (NO	1£ Registered Ag	ent signature re	equired when reinstaling) DATE		
12.		OFFICERS A	AND DIREC		13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PDS			DELETE	1.1 TITLE		l	Change	Addition
NAME				1.2 NAME		- 1			
STREET ADDRESS	4.41.64.41 (F)			1.3 STREET ADDRESS		1			
CITY-ST-ZIP	MIAMI F	L		Poticit	1.4 CITY-5	ST-ZIP			A delition
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NAME					2.2 NAME				i
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STREET ADDRESS					3.3 5 REEL	ADDRESS			
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STREET ADDRESS					5.3 STREET	ADDRESS			
CITY - ST - ZIP					5.4 CiTY-5	T-ZIP			
TITLE				DELETE	61 TITLE	[		Change	Addition
NAME					6.2 NAME	ļ			\
STREET ADDRESS					6.3 STREET	ADDRESS			j
CITY-ST-ZIP					6.4 CITY - S	T-ZIP			

Thereby 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

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