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

DOCU 1. Corporation BALIC,	MENT # F79178 INC.	(2)			
Principal Plac	e of Business	Mailing Address			8)) 8:8) 8:8) 8:8 8 8 8 8 8:8 8:8
% arthur Lipson 150 NW 188TH Street. Ste 300 North Miami Fl 33169		% ARTHUR LIPSON 150 NW 168TH STREET. STE 300 NORTH MIAMI FL 33169-6086			
				3. Date Incorporated or Qualified 04/13/1982	3a. Date of Last Report 03/05/1996
2. Principal P	Place of Business	2a, Mailing Address		4, FEI Number	Applied For
21		26		59-2184365	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7ip	Country	This corporation has liability for	
24	25	29	30	Florida Statutes	Yes No
	g, Name and Address of Current	Registered Agent		10. Name and Address of New I	Registered Agent
150	SON, ARTHUR NW 168TH STREET, STE 300 RTH MIAMI FL 33169		 81 Name 82 Street Add 83 84 City 	ress (P.O. Box Number is Not Accept	able) FL 85 Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State on familiar with, and accept the obligat	and 607.1508, Florida Statu If Florida, Such change was ions of, Section 607.0505, F	les, the above-named corp authorized by the corpora lorida Statutes.	poration submits this statement for the tion's board of directors. I hereby acc	
SIGNATURE	Signature, typed or printed name of registered agen				
12,	Of FICERS AND		H Registered Agent signature requited 13.		TICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELE1E	1.1 TITLE		Change Addition
NAME	LIPSON, ARTHUR		1.2 NAME		
STREET ADDRESS	150 NW 168TH ST #300		1.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI, FL 00000	DELETE	1.4 CITY - ST - ZIP		
title Name			2.1 TITLE		Change Addition
STREET ADDRESS			2.2 NAME. 2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-7IP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		-
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. P NAME		
STREET ADDRESS			4.3 STREET ADDRESS .		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP		Change Addition
NAME		Em) DECENT	5 1 TITLE 52 NAME		Li Change Li Abollion
STREET ADDRESS			5.3 STREET ADDRESS		
City-St-ZIP			5.4 CITY-S1- ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME	/	\	62 NAME		
STREET ADDRESS		\ \	6.9 STREET ADDRESS		
CITY-ST-ZIP			6.4 C/TY - ST - ZIP		
informatio	by certify that the information supplied on indicated on this annual report of su officer or director of the corporation or t in Block 12 or Block 13 if changed, are	with thij, filing date not qual pplementa! annual eport is he receiver or truslete empor on arguttachment with an ad	true and accurate and that vered to execute this repo	d in Section 119.07(3)(i), Florida Statu t my signature shall have the same le rt as required by Chapter 607, Florida	tes. I further certify that the gal effect as if made under oath; that statutes; and that my name

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4/1/97

(2,0)1.02. 120.

FILED

May 13 1997 8:00am

Secretary of State