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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F81765

(2)

FILED Apr 28 1997 8:00am Secretary of State

orporation	Name	" •	017	OO	
CCORD	ENTER	RISES	N. INC.		

Principal Place of Business 7655 \$. W. 32ND TERRACE MIAMI FL 33155		Mailing Address 7855 S. W. 32ND TERR MIAMI FL 33155-3509	7855 S. W. 32ND TERRACE					
						 Date Incorporated or Qualified 05/18/1982 	3a. Date of Last Report 05/01/1996	
	lace of Business	2a, Mailing Address				4. FEI Number 59-2195261	Applied F	
Suffe, Apt. #, etc.		26 Suite, Apt. #, etc.	Suite Apt H etc			39-2 19320 1	Not Applic	
22		27	27			5, Certificate of Status Desired	\$8.75 Addition Fee Required	al
City & Stat	e	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	C	ountry	/	8. This corporation has liability for i	ntangible tax under s. 199.03	32,
24	25	29	30			Florida Statutes	₹Yes □ No	·
	. 9. Name and Address of Curre	ent Registered Agent			1	10. Name and Address of New Re	gistered Agent	
	IGERWALD, THOMAS G.			81	Name			
	S SW 32 TERRACE			82	Street A	ddress (P.O. Box Number is Not Acceptab	le)	
MIAMI FL 33155							, 	
				83				
				84	City		FL 85 Zip Code	
11 Pursuant	to the provisions of Sections 607.05	502 and 607 1508 Florida Sta	dules the	abov	e-named c	orporation submits this statement for the n		ered
office or r agent. I a	egistered agent, or both, in the Statement in the Statement in familiar with, and accept the obli	te of Florida. Such change wa igations of, Section 607.0505,	as authori Florida S	zed b tatute	y the corpo s.	orporation submits this statement for the p oration's board of directors. I hereby accep	ot the appointment as register	red
SIGNATURE								
40	Signature, typed or printed name of registered a	igent and title if applicable (f ND DIRECTORS		ored Ag	ent signature ri	equired when reinstating)	DATE DIDECTORS IN A	
12.	PST OFFICENS A	DELETE		S. 1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change AND DIRECTORS IN 12	
NAME	STEIGERWALD, THOMAS	L_ otter		2 NAME			Onlinge	
STREET ADDRESS 7855 SW 32 TER					ADDRESS			
CITY-ST-ZIP	MIAMI FL			4 CITY- 9				
TITLE		DELETE		1 TITLE	71-51		Change Ad	Idition
NAME			2.3	2 NAME				
STREET ADDRESS			2.3	3 STREET	ADDRESS			}
CITY-ST-ZIP			2.	4 CITY-	S1-ZIP			
TITLE		DELETE	3 -	1 TITLE		The state of the s	☐ Change ☐ Ad	dition
NAME			3.2	2 NAME				į
STREET ADDRESS			3.3	3 STREET	ADDRESS			
CITY-ST-ZIP			3.4	4. CITY-	ST-ZIP			i
TITLE		DELETE	4.1	1 TITLE			Change Ad	ddition
NAME			4,	2 NAME	1			İ
STREET ADDRESS			4.3	3 STREET	ADDRESS			

CITY-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 trusted empowered to elevate 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 Machine within an address.

4 4 CITY-ST-ZIP

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY - ST - ZIP

5.1 10 LE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4/1/10/2-

☐ Change

Addition

Addition