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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G02066

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Apr 21	1997	8:00am
Secre	tary o	f State

	NE ELLIN, 1	INCORPORATE	D				_					
Principal Place of Business 4547 8W 75TH AVE. MIAMI FL 33155 Mailing Address 4547 8W 75TH AVE. MIAMI FL 33155												
								3. Date Inco 09/29/1	orporated or Qualifi 1 982		Pate of Last /01/1996	
2. Principal Pl	ace of Busines	SS	F	ling Address				4. FEI Numl	ber 31409			Applied For
Sulte, Apt.	#. etc.		26 Suit	e, Apt. #, etc.								Not Applicable Additional
22			27					5. Certificat	e of Status Desired			Required
City & State	9		— <u> </u>	& State					Campaign Financir			May Be
Zip		Country	28 Zip		Cou	untry			nd Contribution			d to Fees
24	25	_ '	29		30	an my	•	Florida S	oration has liability tatutes		e tax under No	r s. 199.032,
		nd Address of Curre	ent Registered	d Agent				10. Name ar	nd Address of Nev	v Registered	Agent	
	ERS, STEVE					61	Name					
	BISCAYNE B VII FL 33131	SLVD				82	Street Add	Iress (P.O. Box N	lumber is Not Acce	ptable)		
(MIN-VI)	MI LF 20191					83						
						0.4	<u> </u>	·				. 0
						84	City ,			FL	_ 85 Zi	p Code
11. Pursuant t	lo the provisior egistered ager m familiar with	ns of Sections 607.05 nt, or both, in the Stat , and accept the obli	502 and 607.15 te of Florida. S	508, Florida State uch change was	ites, the a authorize	bove-	named corpora	poration submits ition's board of d	this statement for t irectors. I hereby a	he purpose of accept the ap	of changing pointment	j its registered as registered
agent. I ar		and accept the obli	igations of, acc	DION 607.0505, F	lorida Sta	lutes.						
SIGNATURE												• • • • • • • • • • • • • • • • • • • •
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SIGNATURE 12.	Signature, typed or	printed name of registered a	igent and title if appl	licable (NC	TE Bogislere	ed Agent		ired when reinstating)		DATE		ORS IN 12
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Into hereby certify that the information supplied with hining does not qualify to the exemption states in section 119.07(3), Fronta statutes. Hitchief 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 it changed, or on an all achment with an addyess.

IGNATURE: McClaim Township V. WILLIAMLEBENREAG 305-266-769