1-16.97 8-0251

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 # G07405

(5)

| Principal Place of Business Mailing Address \$ LOUIS P. DESTRO \$ LOUIS P. DESTRO 1 NE 1ST STREET, SUITE 215 MIAMI FL 33132 MIAMI FL 33132-2467 | | | | | | |
|---|--|---------------------|---------------------------|-----------|--|--|
| US | | US | | | 3. Date Incorporated or Qualified 11/03/1982 | 3a. Date of Last Report 02/13/1996 |
| 2. Principa' P | ace of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 | N A. | 26 | | | 59-2733475 | Not Applicable |
| Suite Apt | #, ECC. | Suite Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | | Trust Fund Contribution | Added to Fees |
| Zip 24 | Country | Zip | Country | | 8. This corporation has liability for in Florida Statutes | tangible tax under s. 199.032, Yes 🕅 No |
| [24] | 9, Name and Address of Current I | | 80 | | 10. Name and Address of New Regi | |
| | TRO, LOUIS P. | | 81 | Name | | |
| 1 NE 1ST ST STE 215 | | | 82 | Street A | ddress (P.O. Box Number is Not Acceptable | 9) |
| | 215 Al FL 33132 | | 83 | | | |
| קאראוראו | NI FL 30 TOE | | | | | |
| | | | 84 | Crty | | FL 85 Zip Code |
| SIGNATURE | to the provisions of Sections 607 0502 egistered agent, or both, in the State of in familiar with, and accept the obligation for the provision of the obligation of the obliga | | | | orporation submits this statement for the purintion's board of directors, I hereby accept equited when reinstating) | rpose of changing its registered the appointment as registered |
| 12. | OFFICERS AND | | 13. | <u>Y</u> | ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTORS IN 12 |
| TIME | PD Destro, Louis P. | DELETE | 1.1 TITLE | | | Change Addition |
| NAME STREET ADDRESS | 1 NE 1ST STREET, SUITE 215 | | 1.2 NAME 1.3 STREET | , nonnece | | |
| CITY - ST - ZIP | MIAMI FL | | 1.4 CITY-S | | | |
| TITLE | STD | ☐ DELETE | 2 1 TITLE | | | ☐ Change ☐ Addition |
| NAME | HANSOM, DANIELLE | | 2.2 NAME | | | |
| STREET ACCRESS | 1 NE 1ST STREET, SUITE 215 MIAMI FL | | 2.3 STREET | L | | |
| CHY-S*-ZP | VD | DELETE | 2. 4 CHY - 9 3.1 TITLE | iT-ZIP | | Change Addition |
| SAME | DESTRO, TIMOTHY J. | | 3.2 NAME | | | |
| STREET ADDRESS | 1 NE 1ST STREET, SUITE 215 | | 3.3 STREET | ADDRESS | | |
| CHY-ST-ZIF | MAMI FL | | 3 4 01114-5 | T · ZIP | | |
| THE | | DELETE | 4 1 THE | - | | Change Addition |
| NAME SYREET ADDRESS | | | 4 2 NAME 43 STREET | ADDRESS | | |
| CHY-S1-7IP | | | 4 4 CITY-16 | | | |
| TITLE | | DELE16 | 5 1 TITLE | 1 | | Change Addition |
| NAM! | | | 5.2 NAME | | | • |
| STREET ADOPESS | | | 5.3 STREET | | | |
| CHY-S1-ZIP TITLE | | DELETE | 5.4 CITY - S 6.1 TITLE | 1 · ŽIP | | Change Addition |
| NAME | | And Section | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | |

64 City-st-zip

14. If 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 around report or suppliemental 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 this corporation or profiperior trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

LOUIS P. DECAROI PRES

FILED

Jan 16 1997 8:00am

Secretary of State