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CO	PROFIT RPORATION UAL REPORT 1996	ING FEE A	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS							
DOCUMENT # G41!		G41996	6 (1)			1				
	D. BRODSKY, C	SP.A., P.A.	()	•						
	, -						I HABIHLI DANI DIAAN HALA IRKKA KAK	. 14 1/11 1/11/1 1/1		iðu ðiski þiðu íður
i	e of Business		Mailing Address					i d in dirik di		
300 71 ST STE 525 Miami BCH. Fl 33141			300 71 ST STE 525 Miami BCH. FL 33141							
							3. Date Incorporated or Qualified	3a. Date	of Last	Report
	Place of Business		2a. Mailing Address				06/02/1983 4. EE! Number	0	3/07/1	
Suite, Apt. #, etc.		2	26				59-2292565		-	Applied For Not Applicable
22	2		Suite, Apt #, etc.				5. Certificate of Status Desired			5 Additional e Required
City & Stati	e	2	City & State				6. Election Campaign Financing			00 May Be
Zip 24]	Coun 25	try	Zip	Count	ry	-	Trust Fund Contribution 8. This corporation has liability for			led to Fees s 199.032.
	9. Name and Add	ress of Current Re	9 gistered Agent	30			Florida Statutes Yes 10. Name and Address of New R	□No		
MIAMI 8	ST SYE 525 3CH. FL 33141			84	City			FI	85 2	Zip Code
11. Pursuant t or register familiar wit	to the provisions of Sec ed agent, or both, in the th, and accept the oblig	tions 607.0502 and (State of Florida, Su ations of Section 60	607.1508, Florida Statu ich dinange was authori 17.0506, Florida Statut	ites, the above ized by the corp	named co	orporation board of	on submits this statement for the purp of directors. I hereby accept the appo		J J nging its	registered office
SIGNATURE									-5	a agont, yann
12.	Signature, typed or printed hence	of registered agent and time OFFICERS AND DIR		IOTE Registered Age	nt signature r	required w		DATE		
TITLE	DP		DELETE	1. 1 TITLE		T	ADDITIONS/CHANGES TO OFFICE		OIRECTO Change	ORS IN 12 Addition
NAME STREET ADDRESS	BRODSKY, JACK D 300 71 ST STE 525			1.2 NAME				_	•	
City - St - ZiP	MIAMI BCH. FL			1.4 CITY - 5	T AUDRESS St. 710	Ì				
TITLE NAME			☐ DELETE	2. 1 TITLE	<u></u>	 -			Change	Addition
STREET ADDRESS				2.2 NAME						
COLY - ST - ZIF				2 3 STREET 2 4 City - 5	I					
THE			☐ DELETE	3 1 TITLE					Change	Addition
NAM: STREET ADDRESS				3.2 NAME				-	·	
CITY-SI ZIF				3.3 STREET						
TITLE			DELETE	3.4 CITY - S 4 1 TITLE	1-11	- 			Change	Addition
NAME STREET ASIORESS				4.2 NAME					Onango	
DITY-SI-ZIP				4.3 STREET						
HITLE			☐ DELETE	4.4 CITY-S 5 1 THILE	1 - ZIr'				Change	Addition
NAME STREET ADORESS				5.2 NAME	ſ			ں	z nango	L. Novillon
DITY ST-ZIP				5 3 STREET						İ
'illé			☐ DELFTE	5.4 CHY-S1 6. 1 THLE	:-ZIP				Chan	
NAME				6 2 NAME				IJ	Change	Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

CITY ST THLE NAME

STHEE! ADDRESS

C117-S1-Z1P

SIGNATURE AND TYPED OR PRINTED HAME OF BIGNING OFFICER OR DIRECTOR