FILE NOW: FILING FEE AFTER MAY 1 IS \$55 **PROFIT** FLORIDA DEPARTMEN CORPORATION **ANNUAL REPORT** 1997

OF STATE Sandra B. Mor Secretary of St DIVISION OF CORPO RIONS

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FILED May 16 1997 8:00am Secretary of State

DOCUMENT Corporation Name	#	G65252
I EVINGON PROD		

(0)

Principal Place of Busines	s	Mailing Address					
1175 N. E. 125 STREET, SL N. MIAMI FL 33161	JITE 400	1175 N. E. 125 STREET, SUITE N. MIAMI FL 33161-5011					
2. Principal Place of Busin	ness	2a. Mailing Address					
21		26					
Suite, Apt. #, etc.		Suite, Apt #, etc.					
22		27					
City & State		City & State					
23		28					
Zip	Country	Zip					

9. Name and Address of Current Registered Agent POSTELNEK, MARC, ESQ. **407 LINCOLN ROAD**

SUITE #10B MIAMI BEACH FL 33139

	 Date Incorporated or Qualified 10/17/1983 	3a. Date of Last Report 05/01/1996			
	4. FEI Number		Applied For		
	59-2345169	_	Not Applicable		
	5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required		
	Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees		
	8. This corporation has liability for in Florida Statutes	ntangible tax t Yes \ \ N			
	10. Name and Address of New Reg	lstered Ager	nt		
Name	· .				
Street Addre	ss (P.O. Box Number is Not Acceptabl	e)	,		
City	* ***	85	Zip Code		

						-		
11. Pursuant office or agent. I s	to the provisions of Sections 607.0502 and 607. registered agent, or both, in the State of Florida am familiar with, and accept the obligations of, S	1508, Florida Sta Such change w ection 607,0505	atutes, the as authoriz , Florida St	pove named corp d by the corpora utes.	poration submits this stion's board of director	atement for the purpose s. I hereby accept the a	of changing i ppointment as	ts registered registered
SIGNATURE					_			
	Signature, typed or printed name of registered agent and tallo it ap		NOTE Registe	1 Agent signature requi		DATE		
12.	OFFICERS AND DIRECTO	DELETE	18		ADDITIONS/CH/	NGES TO OFFICERS A		
TITLE	PSDT	☐ DELETE	11	īLE.			☐ Change	L. Addition
NAME	LEVINSON, LOIS		1.2	AME				
STREET ADDRESS	3802 NE 207TH ST TH 5		1.8	REET ADDRESS		•		
CITY-ST-ZIP	AVENTURA FL			ITY-ST-ZIP		·		
TITLE		DELETE	2 1	ITLE			Change	Addition
NAME			22	AME.				
STREET ADDRESS			2 3:	IREFT ADDRESS				
CITY-ST-ZIP	<u> </u>		2;4	CITY-ST-ZIP				
TITLE	1	☐ DELETE	3,1 T	TILE			Change	Addition
NAME			3¦2 N	YAME				
STREET ADDRESS			3 3 9	STREET ADDRESS				
CITY-ST-ZIP			3,4.1	CITY-ST-ZIP				
TITLE		DELETE	4 1 T	TILE			☐ Change	Addition
NAME			4, 2	NAME				
STREET ADDRESS			4,3 \$	TREET ADDRESS				
CITY-ST-ZIP	j		4,40	CITY-SI-ZIP	_			
TITLE		☐ DELETE	5 1 T	ITLE			Change	☐ Addition
NAME			5,2 N	IAME				
STREET ADDRESS			5,3 \$	TRELT ADDRESS				
CITY-ST-ZIP			5.40	11Y · S1 - ZIP				
TITLE		☐ DELETE	6.1 1	nte .			Change	Addition
NAME -			6.21	AME				
CTOFFT ANNOFESS			1 620	TREET ADDRESS				

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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 trustee empowered to execute 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 attachment with an address.

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