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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1997	DIVISION	OF CORPORATIONS	Beereta	ry or state
DOCUI 1. Corporatio PERIDO		396 (7)			DIAN ANAN ANAN ANAN ANAN ANAN ASAN
Principal Plac	o of Business	Mailing Address	······································		
* ROGER A B		% ROGER A BRIDGES	3		
334 MINORCA AVE STE 200 CORAL GABLES FL 33134		334 MINORGA AVE 81 CORAL GABLES FL 33			
COMME GNOCE	9 FE 99194	OOTHE CADELS IE S	01011001	3. Date Incorporated or Qualified	3a. Date of Last Report
2 Principal P	Tace of Business	2a, Mailing Address		04/18/1984 4. FEI Number	08/08/1996 Applied For
21		26		58-9286645	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	-	5. Certificate of Status Desired	See Required
City & State	6	27 City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zφ	Country	Žip 29	Country	8. This corporation has liability for Florida Statutes	ntangible tax under s. 199.032, Yes DNo
24	25 g. Name and Address of 0		[30]	10. Name and Address of New Re	
BRID	OGES, ROGER, A		81 Name		
334 MINORCA AVE STE 200 B2 Street Address (P.O. Box Number is Not Acceptable)					
COF	RAL GABLES FL 33134		83	<u> </u>	1
				<u></u>	
			84 City		FL 85 Zip Code
11, Pursuant	to the provisions of Sections 60	07.0502 and 607.1508, Florida St	tatutes, the above-named corp	poration submits this statement for the ption's board of directors. I hereby accept	ourpose of changing its registered
agent. La	in familiar with, and accept the	e obligations of, Section 607.050	5, Florida Statutes.	norta docto di directors. Thereby accep	of the appointment as registered.
SIGNATURE	Signature typica or printed name of regist	tered agent and title if applicable.	(NOTE: Registered Agent signature requi	red when reinstaling)	DATE
12.	OFFICE	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD OUTDMOSE DANIETTS	☐ DELETE	,		Change Addition
NAME STREET ADDRESS	CHERNOFF, PAULETTE 3100 NE 48 ST #206		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	***************************************	DELETE		·	Change Addition
NAME			2 2 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CHY-ST-ZIP TITLE		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		and carelle	3.2 NAME		The second secon
STREEL ADDRESS			3.3 STREET ADDRESS		
City - ST - ZiP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE]		Change Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-SI-ZIF			4.4 CITY - ST - ZIP		
THLE		DELETE			Change Addition
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME	•	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS			6.3 STREET ADDRESS		
CHY-ST-ZIP		The state of the s	6.4 CITY - ST - ZIP		
informatio	or indicated on this annual republicer or director of the corpora	ort or supplemental annual reporation or the receiver or trustee em	t is true and accurate and that nowered to execute this repo	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega rt as required by Chapter 607, Florida S	I effect as if made under oath; that
appears i	in Block 13 or Block 13 if chang	ged, or on an attachment with an	i address.	1 -	

SIGNATURE:

- 461-0360

FILED

May 15 1997 8:00am

Secretary of State