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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1997				Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				Secretary of State						
	JMENT # Horn Name ON LANDSCAPI			(5)	***************************************				ADII BIDI ALDRI 14	Ri hibid idadi bil	ii Ohani Afāli i	ilen Erök elek	ı 813 11 1 88 1	
Principal Place of Business 14330 SW 155 TERRACE MIAMI FL 33177			Mailing Address 14330 SW 155 TERRACE MIAMI FL 33177-1072											
								3. Date	Incorporated	or Qualified	3a. Da	ite of Last F 01/1996	leport	
Principal Place of Business Total			2a. Mailing Address				4. FEIN				A	pplied For		
Suite Apt #, etc			Suite, Apt. #, etc.					ficate of Statu	s Desired		\$8.75	Additional		
City & State			City & State				6. Elect	Fee Required 6. Election Campaign Financing \$5.00 May Be						
23		Country	Zip Cou						Fund Contrib	oution as liability for	intendible		to Fees	
24	25	ի						Florio	da Statutes		Yes [] No	199.032	
D(OCKMAN, LOUIS		it Registered A	lgent		81	Name	10, Nam	e and Addre	ss of New Re	egistered	Agent		
	500 S.W. 92ND S					82		Idress (P.O. Bo	ny klumbaria	Not Assente	hlo)			
	IAMI FL 33176					52	Street Add	oress (P.O. Bo	ox isumber is	Not Accepta	Die)			
						83								
					ł	84	City			······································		85 Zip	Code	
11 Pursua	at to the provisions	of Sections 607.050	2 and 607 150	R. Florida Statut	es the at	nve	named co	ornoration subj	mits this state	ment for the	FL	changing i	te register	red ber
ofhee o	int to the provisions or registered agent I am familiar with a	or both, in the State	of Florida, Suc	h change was a	authorized	by	the corpor	ration's board	of directors.	hereby acce	pt the app	ointment as	registere	ď
SIGNATURI		in the congression			J. 110 D.C.									
		teo name of registered age		ble. (NOT		Ager	t signature req	quired when reinstat			DATE	Dipenso	35.11.46	
12. Tild	PST	OFFICERS AN	DIRECTORS	DELETE	13.	l F		ADDII	IONS/CHAN	SES TO OFF	CERS ANL	Change	Addii	ition 8
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NAME	FEDORKO, G				2.2 NA	ME								
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STREET ADDRES	-5				•		ADDRESS							ļ
OT+ 51-71P					5.4 CH)]
TITLE				DELETE	6.1 117	ιE						☐ Change	☐ Addi	ition
NAME					6.2 NA									ĺ
STREET ADDRES	8						ADDRESS							
CITY ST-7i ²¹	reby cert to that the	information supplie	clauith this filing	doce not quali	64 Ci			lad in Section	110 07/37/8	Florida Statute	ac I further	certify that	the	

r do nereby centry 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Apr 24 1997 8:00am

305-254-1716