SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED						
Jul 21	1997	8:00am				
Secr	etary	of State				

EH ED

	AVE.	Mailing Address 6500 N.E. 2ND AVE.			
MIMMI PL 3313	0	MIAMI FL 33138		DO NOT WRITE	IN THIS SPACE
				3. Date Incorporated or Qualified	3a. Date of Last Report
				01/03/1985	01/23/1996
	ace of Business	2a. Mailing Address		4. FEI Number 59-2480925	Applied For Not Applicable
Suite, Apt. 4	*, etc.	Suite, Apt. #, etc.			60 7E
22	<u> </u>	27		5. Certificate of Status Desired	Fee Required
City & State	,	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zin	Country	28	Country	Trust Fund Contribution	Added to Fees
Zip 24	25	29	Country	8. This corporation owes or has pa Personal Property Tax due June	red' re
	9. Name and Address of Curre		1901	10. Name and Address of New Re	
	RASARD, SYLVIO		81 Name		
	O GLACIER ST.		82 Street Add	ress (P.O. Box Number is Not Acceptate	ole)
MIR	AMAR FL 33025				
			83		
			84 City		FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.05	02 and 607.1508, Florida State	utes, the above-named corr	poration submits this statement for the ption's board of directors. I hereby acception	, ,
office or re	egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida, Such change was sations of Section 607,0505.	authorized by the corpora- lorida Statutes.	tion's board of directors. I hereby acce	of the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered ag		OTE Registered Agent signature requi		DATE
12.	OFFICERS AN	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12 Change Addition
NAME	CHERASARD, SYLVIO	_ with	1.2 NAME		Ci Change Ci Roomon
STREET ADDRESS	9600 GLACIER ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL		1.4 CITY - ST - ZIP		
TITLE'		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		L OLICIE	3.2 NAME		The Consulter The Wantiton
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. C(TY-S1-Z(P		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELFTE	4.4 CITY-S1-ZIP 5.1 TITLE		Change Addition
NAME		- Ottel	5.2 NAME		C Commige C Madellion
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	v certify that the information supplie	d with this filing does not gue	6.4 CITY-ST-ZIP	d in Section 119.07(3)(i), Florida Statute	s. I further certify that the
information I a m an off	i indicated on this annual report or :	supplemental annual report is r the receiver or trustee empo	true and accurate and that wered to execute this repor	my signature shall have the samo legs rt as required by Chapter 607, Florida S	I effect as if made under eath; that

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

COR ANNL	PROFIT PORATION JAL REPORT 1997	FLORIDA DEPAR Sandra B. Secretar DIVISION OF C	. Morth y of State	am O			
	MENT # H371('s Multi-service cent	\ - /			4 1 34 (5 1) 3115 (810 1883 810) 8 111 (8	DYI DIGIL AIĞII AFARI ALAII AIGII DIGIL	1 1 84)
Principal Place	of Business	Mailing Address					
6500 N.E. 2ND AVE. MIAMI FL 33138		6500 N.E. 2ND AVE. MIAMI FL 33138		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 01/03/1985	3a. Date of Last Report 01/23/1996	Į –
	ace of Business	2a. Mailing Address			4. FEI Number	Applied	1 For
Suite, Apt.	N oto	Suite, Apt #, etc.			59-2480925	Not Apr	plicable
22	#, BIC.	27 Stille, Apr. #, 6tc.			5. Certificate of Status Desired	Fee Require	
City & State)	Cily & State			6. Election Campaign Financing	\$5.00 May	
23 Z _I p	Country	28 	Cou	ntry	Trust Fund Contribution 8. This corporation owes or has p.		
24	25	29	30		Personal Property Tax due June	e 30. 🔯 Yes 🗹 No	
CUI	 Name and Address of Curr RASARD, SYLVIO 	ent Registered Agent		81 Namo	10. Name and Address of New R	egistered Agent	
	CHASAND, STEVIO O GLACIER ST.				And the state of t		
	AMAR FL 33025			B2 Street A	ddress (P.O. Box Number is Not Accepta	010)	
				83			
				84 City		85 Zip Code	1
11 Pursuant t	o the provisions of Sections 607.0	502 and 607 1508. Florida Statute	s the at	nove-pamed o	virgoration submits this statement for the	Purpose of changing its reg	istered
office or re	egistered agent, or both, in the Stam familiar with, and accept the obli	ite of Florida, Such change was a loations of, Section 607,0505, Flo	uthorized rida Stat	t by the corpo	orporation submits this statement for the oration's board of directors. I hereby acce	pt the appointment as regis	stered
SIGNATURE							
12.	Signature, typod or printed name of registered in OFFICERS A	agent and title if applicable (NOTE ND DIRECTORS	Registered	Agent signature n	equired when roinstalling) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN	12
TiTLE	DP	DELETE	1.170	LF T	ADDITIONS/GIVANGEO TO GITT		Addition
NAME	CHERASARD, SYLVIO		1.2 N	Mf			
STREET ADDRESS	9600 GLACIER ST.		1.3 ST	REFT ADDRESS			
CITY+ST-ZIP TITLE	MIRAMAR FL	T DELETE		Y-ST-ZIP		Change	Addition
NAME		בן היינוני	21 10 2.2 NA	i l		□ Change □	Muullion
STREET ADDRESS			1	RECT ADDRESS			
CITY-ST-ZIP				TY- S1 - 71P			
TITLE		DELETE	3.1 Til	Ì		Change [Addition
NAME CTREET ADDRESS			3 2 N/				
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS TY-ST-ZIP			
TITLE	11 11 11 11 11 11 11 11 11 11 11 11 11	DILFIE	4.1 TI			☐ Change ☐	Addition
NAME			4.2 N	AME			
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP	A A A A A A A A A A A A A A A A A A A	DELETE	4.4 C/	Y-SI-ZIP		Change	Addition
NAME		_ nate	5.2 NA			L. Orango L.	, wanton
STREET ADDRESS				REFT ADDRESS			
CITY-SI-ZIP				Y-SI-ZIP		····	
TITLE		DELETE	61 Til			☐ Change ☐	Addition
NAME STREET ADDRESS			6.2 NA	ME REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
14. I do hereb	y certify that the information supply indicated on this appears over the	ied with this filing does not qualify	for the	exemption sta	ited in Section 119.07(3)(i), Florida Statule hal my signature shall have the samo leg	os. I further certify that the	athe that
I am an of	ficer or director of the corporation is Block 12 or Block 13 if changed,	or the receiver or trustee empower	ered to e	xecute this re	port as required by Chapter 607, Florida	Statutes; and that my name	wird intal