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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

i. Corporation	MENT # Name MALON, II	# H602 nc.	75 ((5)				
Principa! Place	e of Business		Mailing Add	ess			(1 5 (5 (6 6 1) 5 (1 5 (6))	
1434 N. BAY RD. 4434 N. BAY RD. MIAMI BEACH FL 33140 MIAMI BEACH FL 33140					2857			
						3. Date Incorporated or Qualified 06/04/1985	3a. Date of La 04/24/199	
2. Principal P	lace of Busine	ss	2a. Mailing A	ddress		4. FEI Number 59-2534731		Applied For Not Applicable
Suite, Apl	#, elc.		26 Suite, Ap	t. #, etc.			\$8.7	5 Additional
			27			5. Certificate of Status Desired	Fed	e Required
City & State	e		City & Sta	ate		6. Election Campaign Financing		00 May Be
Zip		Country	28 Zip		Country	Trust Fund Contribution 8. This corporation has liability for		led to Fees
]	2	5	29		30	Florida Statutes	Yes No	CI 8. 100.00E,
			urrent Registered Age	nt	81 Name	10. Name and Address of New R	legistered Agent	
	KOWITZ, AB							
	i n. Bay Rd Mi Beach Fi				82 Street Add	dress (P.O. Box Number is Not Accepta	able)	
(MIN.A	THE DESCRIPTION	L 00140			83			
					84 City	· · · · · · · · · · · · · · · · · · ·	85	Zip Code
					"		FL "	
l¶ Pursuant	to the brovisio	ins of Sections 60	97 0502 and 607 1508. F	Jorida Stati	utes, the above-named co-	rooration submits this statement for the	I DUICKOSH OX CITATICII	
	to the provisio registered age im familiar with	ins of Sections 60 nt, or both, in the n, and accept the	7.0502 and 607.1508, F State of Florida. Such c obligations of, Section 6	lorida Stat hange was 507.0505, F	utes, the above-named core s authorized by the corpore Florida Statutes.	rporation submits this statement for the ation's board of directors. I hereby according to the statement of the statement for the ation's board of directors.	ept the appointmen	t as registered
IGNATURE		printed name of register	ired agenr and tille if applicable		DTE Registered Agent signature requ	ured when reinstating)	DATE	
IGNATURE 2.		printed name of register	ered agent and tille if applicable			·	DATE	TORS IN 12
GNATURE 2. THE	Signature Typesi or	printed name of register	ered agent and tille if applicable	(NC	DTE Registered Agent signature requ	ured when reinstating)	DATE	TORS IN 12
IGNATURE 2. THE	Signature lignest or PD BERKOWIT 4434 N. B.	Printed name of registal OFFICER TZ, MURRAY AY RD,	ered agent and tille if applicable	(NC	DTE Registered Agent signature requirements 13.	ured when reinstating)	DATE	TORS IN 12
IGNATURE 2. THE AME THEET ADDRESS TY-ST-ZIP	PD BERKOWIT 4434 N. B. MIAMI BEA	Printed name of registal OFFICER TZ, MURRAY AY RD,	ried agent and tile if applicable IS AND DIRECTORS	(NC	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ured when reinstating)	DATE CERS AND DIREC	TORS IN 12 nge
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May 05 1997 8:00am

Secretary of State

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