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**PROFIT CORPORATION** ANNUAL REPORT

1997

C/O DEPT. OF FINANCE AND CORP. ADMIN.

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

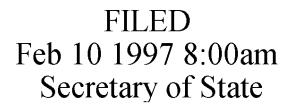
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(5)

C/O DEPT. OF FINANCE AND CORP. ADMIN.

Mailing Address

HARONITIS & ASSOCIATES, INC.



	#### #### 118		

163 IDEMA ROA MARKHAM, ONT OC	AD Tario. Canada l3r -1a9	163 IDEMA ROAD MARKHAM, ONTARIO, CANADA L3R OC		3. Date Incorporated or Qualified 08/08/1985		ite of Last   <b>4/1996</b>	Report	
	Place of Business	2a. Mailing Address			4, FEI Number		<del></del>	pplied For
21		26			59-2566053			ot Applicable
Suite, Apt	#, etc.	27	Suite, Apt #, etc.		5. Certificate of Status Desired	<b>A</b>		Additional lequired
City & Stat	le	City & State			Election Campaign Financing     Trust Fund Contribution	<b>X</b> ):		May Be to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for it			s. 199.032
24	25	29	30			Yes [		·····
	9. Name and Address of Curre	nt Registered Agent		Bill Name	10. Name and Address of New Re	gistered	Agent	·····
	ON, EDUARDO N E EAST BROWARD BLVD.	LEASE-OBSE	2VE	81 Name 82 Street Ad	COLON, EDUARDO N. Idress (P.O. Box Number is Not Acceptab	la\		
	T LAUDERDALE FL 33301 🔀	D CHANGE			10031 PINES BOULEVARD	) 		
	\	F ADDRESS-OI N.H.	757	83	SUITE 238			
				84 City	PEMBROKE PINES	FL		Code 1024
office or r agent. I a	to the provisions of Sections 607 050 registered agent, or both, in the State arm familiar with, and accept the oblig	J2 and 607.1508, Florida Statut e of Florida Such change was a lations of, Section 607.0505, Florida	es, the at authorized orida Stat	ove-named co i by the corpo utes.	orporation submits this statement for the pration's board of directors. I hereby accept	ourpose of of the app	changing ointment a	its registered s registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title Lappicable. (NOT	E. Registered	Agent signature rec	quired when reinstating)	DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TO	LE			☐ Change	Addition
NAME	HARONITIS, NIKOS S		1.2 NA	ME				
STREET ADDRESS	521 RUNNYMEDE ROAD		1.3 \$7	REET ADDRESS				
CITY-ST-ZP	TORONTO, CANADA		1.4 CI	TY-ST-ZIP				
TITLE	ST	DELETE	2.1 TJ	LE			Change	Addition
NAME	HARONITIS, NIKOS S		2.2 NA	ME				
STREET ADDRESS	521 RUNNYMEDE ROAD		2.3 ST	REET ADDRESS				
CITY-\$1-ZP	TORONTO, CANADA		240	TY-ST-ZIP				
T TLE	D	DELETE	3.1 TI				Change	Addition
NAME	HARONITIS, EMMANUEL		3.2 NA	ME				
STREET ADDRESS	521 RUNNYMEDE ROAD		3.3 ST	REET ADDRESS				
CITY - ST - ZIP	TORONTO, CANADA			TY-ST-ZIP				
TITLE	D	DELETE	4.1 TI		· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME	MAGNUSON, HENRY A	_	4. 2 N				· ·	
STREET ADDRESS	14 OAKWOOD ROAD		1	REET ADDRESS				
	CAPE ELIZABETH ME							
CITY - ST - ZIP TITLE	THE RESERVE OF THE PERSON OF T	DELETE	4.4 CI	TY-ST-ZIP			Change	Addition
NAME		turd officers	5.2 NA				2:10-180	Bassar Francisco
				REET ADDRESS				
STREET ADDRESS								
CITY - \$1 - 7(P		☐ DELETE		TY-\$T-ZIP			Change	Addition
TITLE			6.1 Tr					
NAME			6.2 N	i i				
STREET ADDRESS				reet address				
CITY - ST - ZIP				TY-ST-ZIP	ted in Section 119.07(3)(i), Florida Statute	.,		7.1.

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.

JANUARY 9, 1997

Daytime Phone #

905-474-0800