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.)

CORPORATION ANNUAL REPORT

1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # H7034 VE INSURANCE PLANNING	\- /			
Principal Piac	o of Business	Mailing Address			I BIBUR BUBAN DIBUK BIBUR BIBUN BIBUN 1886
3900 N.W. 791	TH AVE. STE 521	3900 N.W. 79TH AVE. STE	521		
MIAMI FL 331	66-6549	MIAMI FL 33166-6549		DO NOT WRITE	IN THIS SPACE
				3. Date Incorporated or Qualified	3a. Date of Last Report
				08/08/1985	07/24/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Cuito Apt	# ato	26 Suite Ant # etc		59-2041458	Not Applicable
Suite, Apt.	W, BIC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	grante grante
24	9. Name and Address of Currer		30	Personal Property Tax due June 10. Name and Address of New Re	
DIO	LIO, JOSEPH	II negletelen Ağelit	81 Name	10. Name and Address of New No	Aisteled Waur
	COCONUT CR		50 00 00	10.000	
	LAUDERDALE FL 33326		82 Street Addr	ress (P.O. Box Number is Not Acceptab	он)
·			83		
			84 City		85 Zip Code
	40 5 200 050	20 1007 4500 51 31 01 14			FL [T]
office or r agent. La	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au alions of, Section 607.0505, Flori	s, me above-named corp. Ithorized by the corporati ida Statutes.	coration submits this statement for the p tion's board of directors. I hereby accep	outpose of changing its registered of the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	out and lith if applicable (NCTF)	Registered Agent signature requir	red when minsternal	DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TIPLE	PSD	DELETE	1.1 THLE		Change Addition
NAME	DIGLIO, JOSEPH		1.2 NAME		
STREET ADDRESS	343 COCONUT CR		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DIGLIO, MIRTHA 343 COCONUT CR		2.2 NAME	:	
STREET ADDRESS	FT LAUDERDALE FL		23 STREET ADDRESS		
CITY-ST-ZIP TITLE	TT DAODENDALE TE	DELETE	2 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		j
CITY+ST-ZIP			3.4. CITY- ST - ZIF		
TITLE		DELFTE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	1	
STREET ADDRESS			5.3 STREET ADDRESS	9	
CITY-ST-ZIP TITLE		DELETE	5.4 CHY- ST- ZIP 6.1 HILE		Change Addition
NAME	,	Land Chillie	6 2 NAME		L CHARRE L MODERNI

CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutesi 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 eath; 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

6.3 STREET ADDRESS

(305)

FILED

Jul 21 1997 8:00am

Secretary of State

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 ANNU	PROFIT PORATION IAL REPO 1997			F	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS								
DOCUN 1. Corporation			'0347 ANNING, II	IIC	(0)								
UNEATH	AE INOOL	IANCE FL	ANNING, II	NO.						(40.0 (B) (610) (40.0 (0.0 0) (10.0 0)	 	IRKI BIRKI BIRKI BIRKI	D(B)) (CO)
Principal Place	Principal Place of Business Mailing Address												01411 1081
3900 N.W. 78TH AVE. STE 521 MIAMI FL 33166-6549				3900 N.W. 79TH AVE. STE 521 MIAMI FL 33166-6549				DO NOT WE	ITE IN TH	IS SPACE			
										3. Date Incorporated or Qualific 08/08/1985	1 -	Date of Last Ro 07/24/1996	·
2. Principal Pl	ace of Busin	iess	-	<u>-</u>	g Address					4. FEI Number			plied For t Applicable
Suite, Apt. (#, etc			26] Suite,	Apt. #, etc.		· · · - · -			59-2041458		\$8.75 A	
22				27						5. Certificate of Status Desired		Fee Re	quired
City & State	3				State					6. Election Campaign Financing	, _	\$5.00	
Zip		Country		28] Zip		T - Co	untry			Trust Fund Contribution 8. This corporation owes or has	naid the	Added to	
24	Ì	25		29		30	,			Personal Property Tax due J	une 30.	Yes 🛄	No No
			of Current R	egistered A	Agent		81	Namo		10. Name and Address of New	Registere	ed Agent	
	LIO, JOSEI									The second secon			
	COCONU	I UN ILE FL 3332	R				82	Street.	Addre	ss (P.O. Box Number is Not Acce	otable)		
• • • •							83						
							84	City				85 Zip C	Code
dd Direccent	a the assula	iona al Castia	ma 607 0500 o	vd 607 150	O. Florido Pioli	doo the c	hour	nomod	Loorne	eration cultimite this statement for the		'L	registered
office or re	egistered ag	ent, or both,	in the State of I	Torida, Suc	o, Florida Siali change was	authorize Iorida Sta	ed by	the corp	poratio	pration submits this statement for the on's board of directors. I hereby ac	cept the a	appointment as	registered
	m t a rmilar wi	in, and acce	or the omblano	is or, accin	on 607.0303, r	ionoa ata	unes			•			
	Signature, typed		Fregistered agent ar				o Age	nt e gnaturu	require	d when reinstating)	DATE		
12. TOLE	PSD	OF I	ICERS AND D	IRLUTORS	DELETE	13. 1.1 T	316		Т	ADDITIONS/CHANGES TO O	FICERS A	Change	Addition
NAME		JOSEPH					IAME						
STREET ADDRESS		CONUT CR				1.3 \$	STHEET	address					li
CITY-ST-ZIP		ERDALE FI			T beleve		IIY-S	1 · 2 1P	ļ			T-1 01	T Address
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NAME							IAME	ADDDEGO.		•			
STREET ADDRESS CITY-ST-ZIP						•	CITY-S	ADDRESS T-71P		•			
TITLE					DELETE	4.1 1						☐ Change	Addition
NAME						4. 2	NAME						
STREET ADDRESS						1		ADDRESS		•			
CITY+\$1-ZIP TITLE					DELETE	5.11	HY-S	1 - ZIP	 			Change	Addition
NAME							IAME			•		•	
STREET ADDRESS						5.3 9	STREET	address		; !			
CITY-ST-ZIP					6516**		HY-S	1-710	ļ	,			Rador :
TITLE					☐ DETEAE	6.11					. 4.	Change	☐ Addition
NAME Street address							IAME Street	ADORESS		*			
CITY-ST-ZIP							SITY-S						
14, 1 do heret	by certify that	t the informal	ion supplied w	ith this filing	g does not qua	lify for the	exe	mption s	stated	in Section 119.07(3)(ı), Florida Sta my signature shall have the same	tutesi I furl	ther certify that	the for oath: that
t am an of	fficer or dire	ctor of the co	report of suppression or the changed, or on	receiver o	r trustee empo rent with an ac	wered to	exec	ute this i	report	as required by Chapter 607, Flori	la Statutes	s; and that my n	ame