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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H76455

(5)

FILED Jan 29 1997 8:00am Secretary of State

1. Corporation ERIEL, II	NC.	Mailling Address			· · · · · · · · · · · · · · · · · · ·				
C/O Daniel Baumgard 1575 San Ignacio. Suite 100 Coral Gables fl 33146		C/O DANIEL BAUMGARD 1575 SAN IGNACIO. SUITE 100 CORAL GABLES FL 33146-3000							
						3. Date Incorporated or Qualified 09/17/1985	3a. Date of 03/21/19		port
- i ′	ace of Business	2a. Mailing Address	7/11/		, 4711.	4. FEI Number 59-2604433	-		olied For
1 Suite, Apt.	# ole	Suite, Apt. #, etc.				38 2004433	80		Applicable dditional
2	#, OC.	27 Suite, Apr. #, etc.				5. Certificate of Status Desired		ee Rec	
City & State	9	City & State				6. Election Campaign Financing		5.00 ı	
3	Country	28	1 /	Country		Trust Fund Contribution		dded to	
Zip T	Country	Zip	·····	Journey	•	8. This corporation has liability for Florida Statutes	intangible tax u Yes \ \ No	nder s.	199.032,
<u>t </u>	9. Name and Address of Curre	29 Annt Registered Agent	30			10. Name and Address of New Re			
DAII	MGARD, DANIEL			81	Name				
	SAN IGNACIO								
SUITE 100				82 Street Address (P.O. Box Number is Not Acceptable)					
•	AL GABLES FL 33146			83					
COR	AL GADLES FL 33140								
				84	City		FL 85	Zip C	
	to the provisions of Sections 607.05 egistered agent, or both, in the Sta m familiar with, and accept the obli	02 and 607.1508, Florida St te of Florida. Such change w gations of, Section 607.0505	atules, the as author b, Florida S	abovi ized by Statutes	e-named co the corpor s.	rporation submits this statement for the pation's board of directors. I hereby acce	ourpose of chan pt the appointm	ging its ent as r	registered egistered
SIGNATURE	Signar we Typed or printed name of registered a	gent and title if applicable	(NOTE: Regis	tered Age	ent signature req	uired when reinstating)	DATE		
12.	······································	ND DIRECTORS	1	13.	i	ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	CTOR	S IN 12
ITLE	D	DELETE	1	1 TITLE	T		□ c	hange	Addition
IAME	BAUMGARD, DANIEL		1	2 NAME	1				
STREET ADDRESS	12780 SW 17 AVE		1.	.3 STREET	ADDRESS				
DITY-ST-ZIP	MIAMI FL		1	4 CITY - S	ST - ZIP				
TITLE	D	☐ DELETE	2	1 TITLE			C	nange	Additio
NAME	ELSON, NORMAN		2	2 NAME	ļ				
STREET ADORESS	701 S ALHAMBAR CIR		2	3 STREET	ADDRESS				
DITY-ST-ZIP	CORAL GABLES FL		. 2	4 CITY-	ST-ZIP				
litté	· · · · · · · · · · · · · · · · · · ·	DELETE	3	.1 TITLE			□ c	nange	Additio
AME .			3	2 NAME					
STREET ADDRESS			3	3 \$TREET	ADDRESS				
CITY - S1 - ZIP			3	4. CITY-	ST-ZIP				
ITLE		DELETE	4	1 TITLE			C	hange	Additio
NAME			4	. 2 NAME	İ	*			

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 Statutes. I further certify that the information indicated on this annual report or supplemental agrual 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 of 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 organ attachgrent with an address.

4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

63 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAMÉ

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BANK CARD

DELETE

DELETE

305/661-0112 Duyline Phone F 0201648

Change

Change

☐ Addition

Addition