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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:

Principal Place of Business 169 E	directors. I hereby accept the appointment as registered agent. I am orenstating: DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change
# TIBOR STERN \$ NE 1ST ST. S-1030 MIAMI FL 33132 Principal Place of Business 2a. Mailing Address 1/6 6. FCACCEX ST. J G G E - FCAGCEX ST. 26 1/6 g E - FCAGCEX ST. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 27 1/0 Q Y City & State Country 28 M_Amil FCA - Q 3/3 Q D A D € 29 3/3/3 Q 30 D A D € Q 3/3 Q D D A D € 29 3/3/3 Q 30 D A D € STERN, TIBOR 82 Street Address 82 Street Address 83 Street Address 84 City Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of familiar with, and accept the obligations of, Sections 607.0505, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of familiar with, and accept the obligations of, Sections 607.0505, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of familiar with, and accept the obligations of, Sections 607.0505, Florida Statutes, the above-named corporation or registered agent agent and the ill aparcable. INOTE Registered Agent signature required wire Stream	O9/26/1985 O1/27/1995 4. FE! Number 59-2591419 S. Certificate of Status Desired Fee Required 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes 7. O. Name and Address of New Registered Agent 7. O. Box Number is Not Acceptable) FL 85 Zip Code In submits this statement for the purpose of changing its registered office directors. It hereby accept the appointment as registered agent. I am Interestating: DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Principal Place of Business AG	O9/26/1985 O1/27/1995 4. FE! Number 59-2591419 S. Certificate of Status Desired Fee Required 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes 7. O. Name and Address of New Registered Agent 7. O. Box Number is Not Acceptable) FL 85 Zip Code In submits this statement for the purpose of changing its registered office directors. It hereby accept the appointment as registered agent. I am Interestating: DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Bl Country Country Country Bl Country Country Country Bl Country Country Bl Country Bl Country Country Bl C	59-2591419 Not Applicable \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution B. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No 0. Name and Address of New Registered Agent P.O. Box Number is Not Acceptable) FL 85 Zip Code 1 submits this statement for the purpose of changing its registered office directors. It hereby accept the appointment as registered agent. I am 1 renetating: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
Suite, Apt. #, etc. City & State	\$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No 0. Name and Address of New Registered Agent P.O. Box Number is Not Acceptable) FL 85 Zip Code 1 submits this statement for the purpose of changing its registered office directors. It hereby accept the appointment as registered agent. I am 1 renetating: DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
City & State Miami Family Family	Trust Fund Contribution B. This corporation has liability for intangible tax under s 199.032, Florida Statutes C. Name and Address of New Registered Agent P.O. Box Number is Not Acceptable) FL B5 Zip Code I submits this statement for the purpose of changing its registered agent. I am I renetating: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition
Zip Country Zip Country Zip 33/32 30 D4/6	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No 0. Name and Address of New Registered Agent P.O. Box Number is Not Acceptable) P.O. Box Number is Not Acceptable
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 1. STERN, TIBOR 36 NE 1ST ST SUITE 1030, SEYBOLD BLDG MIAMI FL 33132 1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. IGNATURE Styriature, typed or printed name of registered agent and title if applicable Styriature, typed or printed name of registered agent and title if applicable Styriature, typed or printed name of registered agent and title if applicable Styriature, typed or printed name of registered agent and title if applicable Styriature, typed or printed name of registered agent and title if applicable Styriature, typed or printed name of registered agent and title if applicable INO1E: Registered Agent signature required whe if applicable INO1E: Registered Agent signature	Florida Statutes
9. Name and Address of Current Registered Agent STERN, TIBOR 36 NE 1ST ST SUITE 1030, SEYBOLD BLDG MIAMI FL 33132 1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of familiar with, and accept the obligations of, Section 607.0505, Fiorida Statutes. GNATURE Styriature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 13. ULL DS STERN, TIBOR 36 NE 1ST ST #1030 13 STREET ADDRESS MIAMI FL DP DELETE 1.1 TITLE 1.4 CRY-ST-ZIP LE DP DELETE 2.1 TITLE 2.1 TITLE 3.5 TERN, HANNA 3.6 NE 1ST ST #1030 MIAMI FL STERN, HANNA 3.7 STREET ADDRESS 3.8 NE 1ST ST #1030 MIAMI FL 2.1 TITLE 2.1 TITLE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.6 NE 1ST ST #1030 MIAMI FL 3.6 NE 1ST ST #1030 MIAMI FL 2.1 TITLE 2.1 TITLE	P.O. Box Number is Not Acceptable) FL B5 Zip Code a submits this statement for the purpose of changing its registered office directors. It hereby accept the appointment as registered agent. I am ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition
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ME STERN, HANNA 22 NAME HEET ADDRESS 36 NE 1ST ST #1030 23 STREET ADDRESS /6 MIAMI FL 24 CHY-ST-ZIP	9 E. FLAGLER ST. #1024 ANI, Fl. 33132
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ME 6.2 NAME REFT ADDRESS 6.3 STREET ADDRESS	
IY-SI-ZIP 64 CITY-SI-ZIP	
I. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the certify that the information indicated on this appual report or supplemental annual report is true and accurate an oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this repapears in Block 12 or Block 13 if changed or on an attachment with an address.	

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR