ANNUA	ROFIT ORATION AL REPORT 996		Sandra F Secreta	RIMENT OF STATE  B. Mortham  rry of State  CORPORATIONS			
DOCUM		173	(5)				
'	VE ENDEAVORS, INC.	•			a dagreri aria daibt muaki ribit endur	o dana Madala Madala Mada	n 8181) 8181 8161f 1881
Principal Place o			iling Address 500 SAN REMO AVE :	¢ #196			
CORAL GABLE	NO AVE S. #125 S FL 33146	C	ORAL GABLES FL 331				
U\$		ι	IS .		Date Incorporated or Qualified     12/19/1985	3a. Date of L	ast Report 5/1995
2. Principal Plac	e of Business	2a.	Mailing Address		4. FEI Number		Applied For
1		26			59-2635588		Not Applicab
Suite, Apt. #,	etc.	27	Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required
City & State			City & State		Election Campaign Financing     Trust Fund Contribution	1 1	5.00 May Be Added to Fees
3   Zir	Country	[28]		Country	This corporation has liability for		
<u>s]</u>	25 9. Name and Address of C	29	· · · · · · · · · · · · · · · · · · ·	30		□ No	
STE 125 CORAL G	ABLES FL 33146			83   84   City		FL 8	5 Zip Code
or registered	the provisions of Sections 607 d agent, or both, in the State o , and accept the obligations of	of Florida. Such	change was authorize	es, the above-named corpo	oration submits this statement for the pur	roose of changin	ig its registered off
			0505, Florida Statutes.	ed by the corporation's bo-	ard of directors. Thereby accept the app	ointment as regii	stered agent. I am
signature <sub>- si</sub>	lgoduć. Typed je protestname Of ogoček		0505, Florida Statutes.	ed by the corporation's bo-	ard of directors. Thereby accept the app	OATE	stered agent. I am
12.	OFFICER		)505, Florida Statutes.   peater (NO) TORS	ed by the corporation's bo	ard of directors. Thereby accept the app	DATE	ECTORS IN 12
12. 101F	OFFICE F	es agretand Bicifa	0505, Florida Statutes.	ed by the corporation's bo	ard of directors. I hereby accept the app	OATE	ECTORS IN 12
12. HILLE NAME	OFFICER D MASSIN, ROBIN D. 3891 LITTLE AVE.	es agretand Bicifa	)505, Florida Statutes.   peater (NO) TORS	IL Registered Agent's gnature term  13.  1 1 TITLE	ard of directors. I hereby accept the app	DATE	ECTORS IN 12
SITUE  ITHE  INAME  STREET ADDRESS  CHY - ST - ZPP	OFFICER D MASSIN, ROBIN D. 3891 LITTLE AVE. COCONUT GROVE FL	es agretand Bicifa	DELETE	11. Flogistical Agent's gnature re-pa  13.  1 1 TITLE  1 2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	ard of directors. I hereby accept the app	DATE	stered agent. I am ECTORS IN 12 hange
SITUE NAME SUPER LADORESS CITY ST-74P TILLE	OFFICER D MASSIN, ROBIN D. 3891 LITTLE AVE. COCONUT GROVE FL P	es agretand Bicifa	)505, Florida Statutes.   peater (NO) TORS	11. Rogistered Agent's gnature re-ps  13. 1 1 TITLE 1 2 NAME 1.3 STREET ADDRESS	ard of directors. I hereby accept the app	DATE  CATE  COERS AND DIR	stered agent. I am ECTORS IN 12 hange
SI TIPLE NAME SUPER LADDRESS COTT - ST- 7/P TITLE NAME	OFFICER D MASSIN, ROBIN D. 3891 LITTLE AVE. COCONUT GROVE FL P MASSIN, HELEN 3891 LITTLE AVE	es agretand Bicifa	DELETE	13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS	ard of directors. I hereby accept the app	DATE  CATE  COERS AND DIR	stered agent. I am ECTORS IN 12 hange
STIPLE NAME STREET ADDRESS OUT STIPLE THEF NAME	OFFICER D MASSIN, ROBIN D. 3891 LITTLE AVE. COCONUT GROVE FL P MASSIN, HELEN	es agretand Bicifa	DELETE	13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP 2 1 TITLE 2 2 NAME	ard of directors. I hereby accept the app	DATE  CATE  COERS AND DIR	Stered agent. I am ECTORS IN 12 hange Addition
STEEL LADDRESS CHY-ST-ZIP THUE NAME STEEL LADDRESS CHY-ST-ZIP THUE NAME STREET ADDRESS	OFFICER D MASSIN, ROBIN D. 3891 LITTLE AVE. COCONUT GROVE FL P MASSIN, HELEN 3891 LITTLE AVE	es agretand Bicifa	DELETE	13. 1 1 TITLE 1 2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2.4 CITY-ST-ZIP	ard of directors. I hereby accept the app	CATE  CATE  CERS AND DIR	Stered agent. I am ECTORS IN 12 hange Addition
STEP 1 ADDRESS NAME STEET ADDRESS OUT - ST-ZAP THEF NAME STEET ADDRESS	D MASSIN, ROBIN D. 3891 LITTLE AVE. COCONUT GROVE FL P MASSIN, HELEN 3891 LITTLE AVE COCONUT GROVE FL MASSIN, SAMUEL B. 3891 LITTLE AVE	es agretand Bicifa	DELETE	11. Flogistered Agent signature for printing.  11. Title 12. NAME 1.3. STREET ADDRESS 1.4. CITY - ST - ZIP 2. TITLE 2.2. NAME 2.3. STREET ADDRESS 2.4. CITY - ST - ZIP 3.1. TITLE 3.2. NAME 3.3. STREET ADDRESS	ard of directors. I hereby accept the app	CATE  CATE  CERS AND DIR	Stered agent. I am ECTORS IN 12 hange Addition
SHEET ADDRESS  DIEGE LANDERSS  COLY SET ZOP  DIEGE  NAME  SERE LANDERSS  HAME  SUPEL ACOURESS  CITY SET ZOP	D MASSIN, ROBIN D. 3891 LITTLE AVE. COCONUT GROVE FL P MASSIN, HELEN 3891 LITTLE AVE. COCONUT GROVE FL MASSIN, SAMUEL B. 3891 LITTLE AVE. COCONUT GROVE FL	es agretand Bicifa	DELETE	113.  1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY-ST-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP	ard of directors. I hereby accept the app	CATE  CATE  CERS AND DIR	Stered agent, I am  ECTORS IN 12  hange Addition  hange Addition
STATE	D MASSIN, ROBIN D. 3891 LITTLE AVE. COCONUT GROVE FL P MASSIN, HELEN 3891 LITTLE AVE. COCONUT GROVE FL WASSIN, SAMUEL B. 3891 LITTLE AVE. COCONUT GROVE FL SD	es agretand Bicifa	DELETE	11. Flogistered Agent signature for printing.  11. Title 12. NAME 1.3. STREET ADDRESS 1.4. CITY - ST - ZIP 2. TITLE 2.2. NAME 2.3. STREET ADDRESS 2.4. CITY - ST - ZIP 3.1. TITLE 3.2. NAME 3.3. STREET ADDRESS	ard of directors. I hereby accept the app	CATE  CATE  CATE  COMMENT  COM	Stered agent, I am  ECTORS IN 12  hange Addition  hange Addition
STATE	D MASSIN, ROBIN D. 3891 LITTLE AVE. COCONUT GROVE FL P MASSIN, HELEN 3891 LITTLE AVE. COCONUT GROVE FL WASSIN, SAMUEL B. 3891 LITTLE AVE. COCONUT GROVE FL SD MASSIN, FRANDEE 3891 LITTLE AVE.	es agretand Bicifa	DELETE	11. Hopisteriol Agont signature respiration.  13.  1 TitllE 12 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4 TITLE	ard of directors. I hereby accept the app	CATE  CATE  CATE  COMMENT  COM	Stered agent, I am  ECTORS IN 12  hange Addition  hange Addition
STREET LADDRESS CHY ST-74P THEF NAME STREET ADDRESS CHY ST-74P THEF NAME STREET ADDRESS CHY ST-74P THEF NAME STREET ADDRESS CHY ST-74P	D MASSIN, ROBIN D. 3891 LITTLE AVE. COCONUT GROVE FL P MASSIN, HELEN 3891 LITTLE AVE. COCONUT GROVE FL WASSIN, SAMUEL B. 3891 LITTLE AVE. COCONUT GROVE FL SD MASSIN, FRANDEE	es agretand Bicifa	DELETE	13.  1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TITLE 2 NAME 2 3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 TITLE 3 2 NAME 3 3 STREET ADDRESS 3.4 CITY-ST-ZIP 4 TITLE 4 Z NAME 4 3 STREET ADDRESS 3.4 CITY-ST-ZIP 4 TITLE 4 Z NAME 4 3 STREET ADDRESS 3.4 CITY-ST-ZIP	ard of directors. I hereby accept the app	CATE  CATE  CATE  CO  CO  CO  CO  CO  CO  CO  CO  CO  C	stered agent, I am  ECTORS IN 12 hange
STATE TO A STATE OF THE STATE O	D MASSIN, ROBIN D. 3891 LITTLE AVE. COCONUT GROVE FL P MASSIN, HELEN 3891 LITTLE AVE. COCONUT GROVE FL WASSIN, SAMUEL B. 3891 LITTLE AVE. COCONUT GROVE FL SD MASSIN, FRANDEE 3891 LITTLE AVE.	es agretand Bicifa	DELETE	11. Hopisteried Agent signature respiration.  13.  1 1 Title 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 1 TITLE 42 NAME 43 STREET ADDRESS	ard of directors. I hereby accept the app	CATE  CATE  CATE  COMMENT  COM	stered agent, I am  ECTORS IN 12 hange
12.  TIPLE NAME SPEEL LADDRESS ONY ST-7/P TILLE NAME NAME NAME NAME NAME NAME NAME NAM	D MASSIN, ROBIN D. 3891 LITTLE AVE. COCONUT GROVE FL P MASSIN, HELEN 3891 LITTLE AVE. COCONUT GROVE FL WASSIN, SAMUEL B. 3891 LITTLE AVE. COCONUT GROVE FL SD MASSIN, FRANDEE 3891 LITTLE AVE.	es agretand Bicifa	DELETE	11. Registered Agent signature respiration.  13.  1 1 TITLE  12 NAME  1.3 STREET ADDRESS  14 CITY-ST-ZIP  2 1 TITLE  2 2 NAME  2 3 STREET ADDRESS  2 4 DITY-ST-ZIP  3 1 TITLE  3 2 NAME  3 3 STREET ADDRESS  3 4 CITY-ST-ZIP  4 1 TITLE  4 2 NAME  4 3 STREET ADDRESS  4 4 CITY-ST-ZIP  5 1 TITLE	ard of directors. I hereby accept the app	CATE  CATE  CATE  CO  CO  CO  CO  CO  CO  CO  CO  CO  C	stered agent, I am  ECTORS IN 12 hange
12.  THEF  NAME SHELL ADDRESS CITY ST-7/P  THEF  NAME SHELL ADDRESS CITY ST-7/P  THEF  NAME STRELL ADDRESS	D MASSIN, ROBIN D. 3891 LITTLE AVE. COCONUT GROVE FL P MASSIN, HELEN 3891 LITTLE AVE. COCONUT GROVE FL WASSIN, SAMUEL B. 3891 LITTLE AVE. COCONUT GROVE FL SD MASSIN, FRANDEE 3891 LITTLE AVE.	es agretand Bicifa	DELETE  DELETE	11. Registered Agent signature respiration.  13.  1 1 TITLE  12 NAME  1.3 STREET ADDRESS  14 CITY-ST-ZIP  2 1 TITLE  2 2 NAME  2 3 STREET ADDRESS  2 4 CITY-ST-ZIP  3 1 TITLE  3 2 NAME  3 3 STREET ADDRESS  3 4 CITY-ST-ZIP  4 1 TITLE  4 2 NAME  4 3 STREET ADDRESS  4 4 CITY-ST-ZIP  5 1 TITLE  5 2 NAME  5 3 STREET ADDRESS  4 4 CITY-ST-ZIP	ard of directors. I hereby accept the app	CATE  CATE  COATE  COATE  COATE  COATE  COATE  COATE  COATE	stered agent, I am  ECTORS IN 12 hange
12.  TITLE  NAME STEEL ADDRESS  CHY ST-ZIP  TITLE	D MASSIN, ROBIN D. 3891 LITTLE AVE. COCONUT GROVE FL P MASSIN, HELEN 3891 LITTLE AVE. COCONUT GROVE FL WASSIN, SAMUEL B. 3891 LITTLE AVE. COCONUT GROVE FL SD MASSIN, FRANDEE 3891 LITTLE AVE.	es agretand Bicifa	DELETE	11. Registered Agent is greature to print 13.  1 1 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 1 TITLE 52 NAME 53 STREET ADDRESS 44 CITY-ST-ZIP 6 1 TITLE	ard of directors. I hereby accept the app	CATE  CATE  CATE  CO  CO  CO  CO  CO  CO  CO  CO  CO  C	stered agent, I am  ECTORS IN 12 hange
12.  TIPLE NAME SUPELLADORESS CITY ST-ZIP TITLE NAME SUPELLADORESS CITY ST-ZIP	D MASSIN, ROBIN D. 3891 LITTLE AVE. COCONUT GROVE FL P MASSIN, HELEN 3891 LITTLE AVE. COCONUT GROVE FL WASSIN, SAMUEL B. 3891 LITTLE AVE. COCONUT GROVE FL SD MASSIN, FRANDEE 3891 LITTLE AVE.	es agretand Bicifa	DELETE  DELETE	11. Registered Agent signature respiration.  13.  1 1 TITLE  12 NAME  1.3 STREET ADDRESS  14 CITY-ST-ZIP  2 1 TITLE  2 2 NAME  2 3 STREET ADDRESS  2 4 CITY-ST-ZIP  3 1 TITLE  3 2 NAME  3 3 STREET ADDRESS  3 4 CITY-ST-ZIP  4 1 TITLE  4 2 NAME  4 3 STREET ADDRESS  4 4 CITY-ST-ZIP  5 1 TITLE  5 2 NAME  5 3 STREET ADDRESS  4 4 CITY-ST-ZIP	ard of directors. I hereby accept the app	CATE  CATE  COATE  COATE  COATE  COATE  COATE  COATE  COATE	stered agent, I am  ECTORS IN 12 hange

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. 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 early, 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.

SIGNATURE:

FRANCE MASSIN B/4/96 (305)448-3397

Delta Desymptopic Places Places