FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H92485

EZ/1535 N.W. 1ST PLACE, INC.

FILED
Apr 21 1997 8:00am
Secretary of State



						IIX BABA BIBII BIBIX BIBIX BIBIX BIBIX BIBI
Principal Plac	ce of Business	Mailing Address			i lettinit mile inite (ellet aben built a	ite Braft Afant Sibir Bifti Britt atfit fest
P. O. BOX 970342 P. O. BOX 970342						
	342 (MIAMI, FL. 33187)	P.O.BOX 970342 (MIAN MIAMI FL 33197-0342	II. FL. 33197)			
MIAMI FL 331	19/	MIRMI PC 301074072			3. Date incorporated or Qualified 01/01/1986	3a. Date of Last Report 05/01/1996
2. Princinal i	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
2: //mc.par.	riade of dosiness	26			59-2679951	Not Applicable
Suite, Apt	L# etc	Suite, Apt. #, etc.			00 2010001	CO 75 Addition 1
2		27			5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
3		28			Trust Fund Contribution	Added to Fees
Zφ	Country	Zip	Cour	try	8. This corporation has liability fo	r intangible tax under s. 199.032,
4]	25	29	30		Florida Statutes	Yes No
	Name and Address of Currer	nt Registered Agent			10. Name and Address of New R	legistered Agent
ZIM	ABELMANN, ELMER, JR.		[*	Name		
222	295 S.W. 260 ST.		-	32 Street Add	dress (P.O. Box Number is Not Accept	able)
HOMESTEAD FL 33031			ľ	3,,001,,00		
			[7	93		
			ļ.	B4 City		100 25 Cod-
			l'	B4 City		FL 85 Zip Code
2.	Signature, typed or printed harre of registried ag OFFICERS AN	ID DIRECTORS	13.	Agent signature requ	ulted when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
UTLE	D	DELETE	1.1 1(1)	ŧ [Change Addition
IAME	ZIMBELMANN, ELMER, JR.		1.2 NA	AE		
STREET ADDRESS			1.3 STF	EET ADDRESS		
CHTY - ST - ZIP	HOMESTEAD FL		1.4 CIT	Y-ST-ZIP		
THE		DELETE	2.1 TIT	E [Change Addition
MAME			2.2 NA	AE .		
STREET ADORESS			2.3 STF	EET ADDRESS		
ITY-ST-ZIP				Y-ST-ZIP		
ITLE		☐ DELETE	3.1 TIT	1		Change Addition
AMÉ			3.2 NAI	į į		
THEFT ADDRESS				EET ADDRESS		
DITY-SI ZIF		[SELECT		Y-ST-ZIP		Change Addition
ITLE		☐ DELETE	4.1 TIT	1		L. Change L. Addition
14ME			4. 2 NA			
TREET ADDRESS	1			EET ADDRESS		
ITY-ST-ZIP		DELETE		Y-SY-ZIP		Change Addition
HLF		☐ ofreig	5.1 TITI 5.2 NAI	ì		C Outside C Vitarion
IAME	. [■ 3.4 MAI	//- I		
IDEET ADORSES				CET ADDRESS		
TREET ADDRESS	' \		5.3 STF	EET ADDRESS		
rty-St-ZiP	1	T DELETE	5.3 STF 5.4 CIT	Y-ST-ZIP		Change I Addition
nty-ST-ZiP DLE		DELETE	5.3 STF 5.4 C/T 6.1 TIT(Y-ST-ZiP		Change Addition
ity-st-zip Tle Ame		[_] DELETE	5.3 STF 5.4 CIT 6.1 TITO 6.2 NAI	Y-ST-ZIP E ME		Change Addition
rty-St-ZiP		[_] DELETE	5.3 STF 5.4 CIT 6.1 TITU 6.2 NAI 6.3 STF	Y-ST-ZiP		Change Addition

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 annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation certific 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, of on an attachment with an address.

SIGNATURE

0265683