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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

12855 S.W., 136TH AVE.

MIAMI FL 33186 US

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Zin



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J05659

Country

9. Name and Address of Current Registered Agent

25

CHASTAIN, LEE V. 7275 S.W. BIST ST

MIAMI FL 33143

(4)

Mailing Address 7275 SW 61ST

US

MIAMI FL 33143-1806

2a. Mailing Address

City & State

Zip

29

Suite. Apt. #. etc.

CHASTAIN & COMPANY, INC.

	Secretar	_				_
	Date Incorporated or Qualified 04/02/1986	3a. Da	te of L	ast Rep	oort	
	FEI Number	1 1	T		lied For	-
	59-2707632				Applicab	le
5.	Certificate of Status Desired			. 75 Ad ee Req	kditional ulred	
6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
	This corporation has liability for in Florida Statutes	Yes 🗾	No.	der s. 1	99.032,	
<u>o.</u>	Name and Address of New Reg	glatered /	gent			
(P	O. Box Number is Not Acceptab	le)				
		FL.	85	Zip Co	ode	
tion s b	n submits this statement for the property acception of directors. I hereby accept	urpose of	chanç cintme	ging its ent as re	registere egistered	đ
nen	reinstating)	DATE				-
7	ADDITIONS/CHANGES TO OFFIC	ERS AND	-			on
			LL) Ch	ange	Additio	on

FILED

Apr 14 1997 8:00am

 Pursuant to the previsions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE TITLE CHASTAIN, LEE V. 1.2 NAME NAME 7275 S.W. 61ST ST 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CHY-SI-ZIP DELETE Change Addition THILE 2.1 TITLE 22 NAME NAME STREET ADORESS 2.3 STREET ADDRESS CI1Y+S1+7IP 2. 4 CITY - ST - ZIP DELETE Change Addition 100.0 31 TITLE NAME 32 NAME STREET ADDIALSS 3.3 STREET ADDRESS 3.4. CITY-\$1-ZIP CITY - ST - ZIP DELETE Change Addition TOTE 4.1 TITLE NAM9 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CHY-SI-70 4.4 CITY - ST - ZIP DELETE Change Addition TillE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CHTY - \$1 - 762 5.4 CITY-ST-2IP DELETE Change Addition THE 6.1 TITLE NAM: 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP City - ST-7IP

Country

81

82

83 City

Name

Street Addres

30

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 legal effect as if made under oath; 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 open attachment with an address.

SIGNATURE:

INATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

4/5/97

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