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

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 03 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J09449

(6)

RUDOLF FRETZ & ASSOCIATES, INC.

Principal Plac	o at Rusinass	Mail	ing Address										
6611 S.W. 71 L MIAMI FL 3314	ANE	6611	6611 S.W. 71 LANE MIAMI FL 33143-3259										
								3. Date Incorporated 04/16/1986	ਮ Qualified		ate of Last 15/1996		rt
			2a. Mailing Address				4. FEI Number Applied Fc 59-2664930 Not Applie						
Suite, Apt. #, etc.			Suite. Apt. #, etc.					5 Certificate of Status Desired \$8.75 Additional					itional
City & State			City & State				6 Flection Campaign	Fee Required Election Campaign Financing \$5.00 May Be					
			28					Trust Fund Contribution Added to Fees					
Zip 24	Country 25	29	Zip Cou			buntry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
	9. Name and Address of Curr	ent Registe	red Agent		I .			10. Name and Addres	s of New Re	gistered	Agent		
	tz, rudolf				81	Na	ame						
6611 SW 71 LANE MIAMI FL 33143					82	St	reet Addre	ss (P.O. Box Number is I	lot Acceptab	le)			
•					83						,		
					84	Ci	ty			FL	85 Z	p Cod	e
office or r agent 1 a SIGNATURE	to the provisions of Sections 607.0 ogistered agent, or both, in the Sta in familiar with, and accept the oblination Signature, agent or procedures of legislated in	te of Florida igations of,	a. Such change was Section 607.0505, F	s authorize Florida Sta	ed by stutes	/ the	corporation	oration Submits this stater on's board of directors. I leave the stater of the stater	nent for the p	ot the app	ointment) its re as regi	gistered istered
12.	OFFICERS A	·		13.				ADDITIONS/CHANG	ES TO OFFIC		DIRECT	ORS IN	N 12
Tille	DP		DELETE	1,1 1	ITLE						Change		Addition
NAME	FRETZ, RUDOLF			1.21	NAME								
STHEET ADDRESS	6611 SW 71 LANE MIAMI FL				STREET					,			
CHTY-ST-ZIP TITLE	MICANI I L		DELETE	2.17	HTY-S	11 - ZIP	-		,**·		Change	e T	Addition
NAME.					IAME							_	
RHEET ADDRESS				2.3 5	STREET	ADDE	RESS						
CHY-S1-ZIP	· · · · · · · · - · · · · · · · · · · ·				CITY-S	ST-ZII	3		 				
MLE			☐ DELETE		ITLE						L. Change	e L	J Addition
NAME STREET ADDRESS					NAME Street	(ADDI	ecce						
CITY - ST - ZIP					CITY-S								
TITLE			DELETE		ITLE	υ. <u>Ε</u> ,					Change	e [Addition
NAME				4.2	NAME								
STREET ADDRESS				4,3 5	STREET	ADDF	RESS						
CHTV+S1+ZIP TiTLE			DELETE		CITY - S	1 - ZIP		***************************************			Change		Addition
NAME				5.1 T	IAME						L.J GHANG	· L	_ MUUIIIUII
STHEET ADDRESS					STREET	ADDF	RESS						
CITY-\$1-7IP					CITY-S								
TILLE			DELETE		ITLE						Change	e L	Addition
NAME				6.21	NAME								
STHEET ACCURESS				635	TREET	ACCH	IESS						

14. If 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 composition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name