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

**CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # J32597** 

(3)

Principal Place of Business Mailing Address  368 SEVILLA AVE. CORAL GABLES FL 33134 CORAL GABLES FL 33134-8615	
3. Date Incorporated or Qualified 3a. Date of Last 09/08/1986 04/12/1996	
2. Principal Place of Business 28. Mailing Address 4. FEI Number	Applied For
	Not Applicable
Let Contition to all the Continuous to all the Con	Additional Required
	O May Be d to Fees
Zip Country Zip Country 8. This corporation has liability for intangible tax under 24 25 29 30 Florida Statutes Yes No	s. 199.032,
g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
	p Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  JOHN L BLIGOTE DES DES  Signature types of proced name of registered agent and fillent applicable (NOTE: Registered Agent signature required when reinstating)  DATE	g its registered as registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	OBS IN 12
TIFLE PD DELETE 1.1 TITLE Change	
NAME BRIGGLE, JOHN L. 1.2 NAME STREET ADDRESS 388 SEVILLA AVE. 1.3 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 1.4 CITY-ST-ZIP	
TITLE DELETE 2.1 TITLE Change	e 🔲 Addition
NAME SIREET ADDRESS CITY - ST - ZIP 2 NAME 2	
TITLE DELETE 3.1 TITLE Chang	e 🔲 Addition
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CITY-ST-ZIP	
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STREET ADDRESS   4.3 STREET ADDRESS	e 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 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 on an attachment with an address.

**6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP

6.2 NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZiF

TOAN C BLICKE DOES

**FILED** 

Apr 08 1997 8:00am

Secretary of State