## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # **J7297**(

(3)

ADAMA	DEALTY	INTERNATIONAL	IMC
(INANI)	HEALIY	INTERNATIONAL	. ING.

Principal Place of	of Business	Mailing Address		and the second		1 1001110 DARF 10010 11010 SOLAL SODE ODE DIDE OLD 10 01011 OLD 11 OLD 1
4704 LE JEUN CORAL GABLI US		4704 LE JEUNE RD CORAL GABLES FL 33 US	8146			Date Incorporated or Qualified
						05/14/1987 05/01/1995
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0081677   Not Applicable   \$8.75 Additional
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
23 Zro	Country	<b>28</b>	T Cou	intry		This corporation has liability for intangible tax under s 199.032,
Zip 24	25	29	30	., y		Florida Statutes Yes No
24	g. Name and Address of Current	and the second s		T		10. Name and Address of New Registered Agent
				81	Name	
DOLAN,	WILLIAM W.			82	Street A	ddress (P.O. Box Number is Not Acceptable)
	JEUNE RD. GABLES FL 33146			83		
CORAL	3ADLES FL 33140				600	85 Zip Code
•				84	City	FL 85 Zip Code
or registere	o the provisions of Sections 607.0502 ad agent, or both, in the State of Floric n, and accept the obligations of, Secti	ia. Such change was authoriz	ied by the i	ove-r corp	iamied cor oration's b	poration submits this statement for the purpose of changing its registered offic board of directors. I hereby accept the appointment as registered agent. I am
SIGNATORE _	Signature, typed or protect risms of registered agent			1 Agen	c signature rec	ouncit when reinstating DATE
12.	OFFICERS AND	DIRECTORS  DELETE	13.		r	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	[_] DETENT	1.13 1.2 N			C vialige   Not to
NAME STREET ADDRESS	DOLAN, WILLIAM W 4704 LEJEUNE RD.				ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146				1 - Z.P	
TITLE	DOINE OFFICE I C 00 110	[] DELETE	2 1 1			Change Addition
NAME			22 N	AME		
STREET ADDRESS			2.3 9	TREET	ADDRESS	
CITY-ST-ZIP			2.4 0	ITY-S	1 - ZIP	
TITLE		DELETE	3 1	HILE	ļ	Change Addition
NAME			321		i	
STREET ADDRESS					I ADDRESS	
CITY-ST-ZIP		☐ DELETE		)·TY-S TIFLE	ST-ZiP	Change Addition
TITLE		beat		IAME		
NAME					ADDRESS	
STREET ADDRESS			1		ST-ZIP	
CITY-ST-7IP TITLE		DELETE		TITLE		Change Addition
NAME			521	IAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP					ST - ZIP	
TITLE		[] DELETE	6 1	TITLE		Change [] Addition
NAME		e .	621	MAME		
STREET ADDRESS			63	STREE	ADDRESS	
CITY-ST-ZIP			6.4	CITY-S	ST - ZIP	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
4.4 Ldo borob	a codification information europine :	with this filing is voluntarily for	mished and	i rine	is not dual	alify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

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 incheated 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 or the receiver or trusted 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:

GNANURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96 (305) 667-2526

32F034 (12/95)