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 # J78867

(5)

FILED Apr 24 1997 8:00am Secretary of State

3. Date Incorporated of Qualified O6/22/1987 04/22/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable Suife, Apt. #, etc. Suife, Apt. #, etc. Suife, Apt. #, etc. Suife, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required City & State 6. Election Campaign Financing Fee Required Fee Required Fee Required Country 7. To Country 8. This corporation has liability for intengible tax under s. 199.032. Florida Statutes 7. Florida Statutes 7. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 9. Name Address of Scilions 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I arm familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes. Signature 9. DATE
2. Principal Place of Business 2a. Mailing Address 59-2813106 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Added to Fees Fiorida Statutes Fiorida Statutes Fiorida Statutes Applied For \$6. Election Campaign Financing Free Required Added to Fees Trust Fund Contribution Added to Fees Fiorida Statutes Applied For \$6. Election Campaign Financing Free Required Added to Fees Trust Fund Contribution Added to Fees Fiorida Statutes Applied For \$6. Election Campaign Financing Free Required Added to Fees Trust Fund Contribution Added to Fees Fiorida Statutes Applied For \$6. Election Campaign Financing Free Required Added to Fees Trust Fund Contribution Added to Fees No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Applied For \$6. Election Campaign Financing Free Required Added to Fees No 9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent Applied For \$6. Election Campaign Financing Free Required Added to Fees No Porida Statutes No 9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent Applied For Added to Fees No Porida Statutes Applied For Added to Fees Fiorida Statutes No Porida Statutes Applied For Added to Fees Trust Fund Contribution Added to Fees Fiorida Statutes Applied For Added to Fees Trust Fund Contribution Added to Fees Trust Fund Contrib
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27 5, Certificate of Status Desired Fee Required
City & State Trust Fund Contribution Added to Fees Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 9. Name and Address of Current Registered Agent GREER, EVELYN LANGLIEB 2400 SOUTH DIXIE HWY. MIAMI FL 33133 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL 85 Zip Code T1. 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 its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE
Zip Country Zip Country B, This corporation has liability for intangible tax under s. 199.032. 24
24 25 29 30 Fiorida Statutes Ves No 9. Name and Address of Current Registered Agent GREER, EVELYN LANGLIEB 2400 SOUTH DIXIE HWY. MIAMI FL 33133 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83
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MIAMI FL 33133 83 84 City FL 85 Zip 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 its registered 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 as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE
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E Singlighte Types of Danied Agnie of Teodstered Brusin and title in applicable. (NOTE: Probileted Agent Brusinered Whith Templatine) DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THE PD DELETE 1.1 TITLE Change Addition
NAME ALEXANDRU, ADRIAN 1.2 NAME
STREET ADDRESS 689 - 86 ST. CHY-ST-ZIF BROOKLYN NY 1.9 STREET ADDRESS 1.4 CITY-ST-ZIP
CHY-ST-ZIF
NAME 2.2 NAME
STREET ADDRESS 2.3 STREET ADDRESS
CHY-SI-ZIP 2 4 CHY-SI-ZIP
TITLE DELETE 31 TITLE Change Addition
NAME 3.2 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY-S1-7IP 3.4 CITY-S1-7IP
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
C17Y-S1-71P 4.4.C1TY-S1-21P
THILE DELETE 51 TITLE Change Addition
MAME 52 NAME
STREET ADDRESS 53 STREET ADDRESS 54 STREET ADDRESS 55 STREET ADDRE
CHY-SI-ZIF
NAME 62 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CHT-SI-ZIP 64 CHY-SI-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 the complete of the corporation of the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: