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 # J83227

(5)

FILED
Apr 24 1997 8:00am
Secretary of State

EH ED

Principal Place of Business Mailing Address 18591 N.E. 10TH AVE 19591 N.E. 10TH AVE BAY 3 BAY E NO. MIAMI BEACH FL 33179 NO MIAMI BEACH FL 33179-3575						
US	US			3. Date Incorporated or Qualified 07/20/1987	3a. Date of Last Report 07/15/1996	
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0005891	Not Applicable
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stal	te	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	Zip		untry	8. This corporation has liability for	
24	25		30			Yes No
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Re	gistered Agent
	ERA, GLADYS H			Name		
19591 N.E. 10TH AVE BAY E				82 Street Add	fress (P.O. Box Number is Not Acceptab	ole)
	MIAMI BEACH FL 33179			83		
110	MINIMI DENOTITE 33178					
				84 City		FL 85 Zip Code
SIGNATURI	Signature, typed or partition came of registered agen	Hadys River 1	Registere	tutes. d Agent signature requ	····	//5/97 DATE
12.	OFFICERS AND	DIRECTORS	13.	ori E	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	CLEMANSON, JEAN	L. Ottill	1.1 I			ERS AND DIRECTORS IN 12 Change Addition
STREET ADORESS	19591 NE 10TH AVE, BAY E			TREET ADDRESS		[8
CITY-ST ZIF	N MIAMI BCH FL		- 1	ITY - ST - ZIP		
TITLE	VM	☐ DELETE	2.1 T			Change Addition
NAME	OUJEVOLK, MAURICE		2.2 N	AME		
STREET ADDRESS			2.3 \$	TREET ADDRESS		
City+ST-ZIP	N MIAMI BCH FL			CITY-ST-ZIP		
Tillé	DC	☐ DELETE	3.1 T			Change Addition
NAM!	BLOCH, ETIENNE 19591 NE 10TH AVE, BAY E		3.2 N	. 1		
STREET ADORESS	N MIAMI BCH FL			TREET ADDRESS		
CHY-SI-ZIP THLF	11 Milyani BOTTI E	DELETE	3.9. V	CITY-ST-ZIP		Change Addition
NAM I	\			NAME		
STREET ADDRESS				TREET ADDRESS		
0114-51-77			ı	ITY-ST-ZIP		
THUE		DELETE	5.1 T			Change Addition
NAME			52 N	IAME .		
STREET ADDRESS			538	TREET ADDRESS		
CHY-SI-ZIF				ITY-SY-ZIP		**************************************
THE	1	DELETE	6.1 1	ì		Change Addition
NAME			6.2 N			
STREET ACCRECIS				TREET ADDRESS		
CITY+ST+7IP	I		6.4 0	ITY - ST - ZIP		

14. Too 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 of 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 changes or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4) 16/97 (305) 651-8887