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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

i	JAL REPORT 1997	7 T 7.7	Secretary of State VISION OF CORPORATIONS			Secretary of State		
	MENT # KO803	35 (3)						
						;		
Principal Place of Business 169 E. FLAGLER ST. SUITE 827 MAMI FL 33131		Mailing Address 169 E. FLAGLER ST. SUITE 827 MANUEL 33131.1333	169 E. FLAGLER ST.			F (69/20)) 41) 40101 tolai 40163 jilot bili biba 41214 dibit bibit bibit 1694		
U\$,,	US				3. Date Incorporated or Qualified 12/21/1987	3a. Date of Last 04/10/1996	
2, Principal Place of Business 21		2a, Mailing Address	 			4. FE Number 65-0017423		Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		******		5. Certificate of Status Desired		Additionat Required
City & Stat	0	City & State				6. Election Campaign Financing	\$5.0	May Be
Z ip	Country Zip			Country		8. This corporation has liability for intangible tax under s. 199.032,		
24]	25 9. Name and Address of Cu	29 rrent Registered Agent	30			Florida Statutes L. 10. Name and Address of New Re		
	Z, JOSE			81	Name			
169 E. FLAGLER ST. SUITE 827				82	Street Add	dress (P.O. Box Number is Not Acceptat	ole)	
MIAMI FL 33131				83				
				84	City		FL 85 Zi	p Code
11. Pursuant office or i agent. La StGNATURE						poration submits this statement for the pation's board of directors. I hereby acception		its registered as registered
12.	Signature, typical or posters name of registere OFFICERS	chagest and title if applicable (NOT AND DIRECTORS	E Registere	d Age	nt signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTO	ORS IN 12
Inut	PD	☐ DELETE	1.1 11	TLE			☐ Change	
NAME	KATZ, JOSE		1.2 N/	AME	- [
STREET ADORESS	169 E. FLAGLER ST., STE.	827	- 1		ADDRESS			
OF YI-ST-ZIP TIBLE	MIAMI FL AS	DELETE	1.4 CI 2 1 TI		T-ZIP	***************************************	Change	e Addition
NAME	HARRIS, ELLIOTT	LJ outli	2.2 N					, LJ Addition
STREET ADDRESS	111 SW 3RD ST, 6TH FLO	OR	2.3 \$1	TREET	ADDRESS			ĺ
Cify - St - 7iP	MIAMI FL 33130		2.40	174-5	ST-ZIP			
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NAME CLESS LATINGUE			3.2 N/		ADDRESS	•		
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SPREEL ADVINESS					ADDRESS			
(HY-51-70)			5 4 CI		- 1	. :		
110		DELETE	6171				Change	e Addition
NAME			6.2 N		1000000	•		
STREET ADDRESS	! !			TASET	ADORESS			

14. I do nereby 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 concoration 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 directed, or on an attachment with an address.

SIGNATURE:

FILED

Apr 16 1997 8:00am