COF	ILE NOW: FILING PROFIT RPORATION JAL REPORT 1997	DRATION Sandra Sandra Secreta		\$550.00 RIMENT OF STATE B. Mortham Iry of State CORPORATIONS	FILED Feb 07 1997 8:00am Secretary of State		
	MENT # K31 Y OF SOUTH FLORI		(8)				
Principal Place of Business Mailing Address % FRED E. GLICKMAN % FRED E. GLICKMAN 8200 S. DADELAND BLVD SUITE 506 9200 S. DADELAND BLVD. MIAMI FL 33156 MIAMI FL 33156-2785) Suite 508	3. Date Incorporated or Qualif	ied 3a. Date of Last	Report
2 Principal F	lace of Business	2a Mailir	o Address		06/29/1988	04/10/1996	
21		26			65-0065573		Applied For Not Applicable
Suite, Apt	#, etc	Suile,	Apt. #, etc.		5. Certificate of Status Desired		Additionat Required
City & Stat		City 8	State		6. Election Campaign Financir	s\$5.0	0 May Be
23 Zip	Country	28] Zip		Country	Trust Fund Contribution 8. This corporation has liability		s 199.032
24	25 9. Name and Address of	29		30	Florida Statutes 10. Name and Address of New	Yes 🗌 No	
office or r	to the provisions of Sections registered agent, or both, in m familiar with, and accept	the State of Florida Suc	change was	authorized by the corpora	poration submits this statement for t tion's board of directors. I hereby a	FL	Code its registered s registered
12.	Signative typeship poneutorene OFFIC	giserior agent and the chapple's XERS AND DIRECTORS		E Registered Agent signature requinature re Requinature requinature requina	ired when reinstating) ADDITIONS/CHANGES TO C		
THE	P KELLNED STEMART	<u>^</u>	DELETE	1.1 TITLE	······	Change	- 12
NAME STREET ADDRESS	KELLNER, STEWART, 1 7402 SW 48TH ST			1.2 NAME 1.3 STREET ADDRESS			250
C TY - ST - ZIP	MIAMI FL St		1	1.4 CITY-ST-ZIP			Addition
THTLE NAME STREET ADDRESS	PRIETO, CRISTINA M 7402 SW 48TH STREE MIAMI FL	π	DELETE	2.1 TITLE 2.2 NAME 2 3 STREET ADDRESS		L) Change	L Addition C
CITY ST-ZIP TITLE			DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change	Addition
NAME STREET ADORESS				3.2 NAME			
CITY-ST-ZIP				3.3 STREET ADDRESS 3.4. CITY-ST-ZIP			
THE			DELETE	4.1 TITLE		Change	Addition
NAME STREET ADDRESS				4. 2 NAME 4.3 STREET ADDRESS			
C TY - ST - ZiP			DELETE	4.4 CITY - ST - ZIP			
HTLE NAME				5.1 TITLE 5.2 NAME		Change	Addition
STREFT ADDRESS				5 3 STREET ADDRESS			
City - St - Zifi Title			DELETE	5 4 CITY-ST-ZIP 6 1 TITLE		Change	Addition
NAME	4			6.2 NAME			
STREET ADDRESS CITY: ST. ZIP				6.3 STREET ADDRESS 6.4 CITY - ST - ZIP			
 14. Foo here informatic 	on indicated on this annual r	eport or supplemental a	innual report is t	ify for the exemption state true and accurate and that	d in Section 119.07(3)(i). Florida Sta It my signature shall have the same rt as required by Chapter 607, Flori	legal effect as if made u	nder oath: that
SIGNAT	URE:	lemat C	. Kel	K	1/29/97	(305)665-	3544