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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

		IAL REPO 1997	ORT		Secretary of State DIVISION OF CORPORATIONS					Secretary of State				
ŗ	Corporation	MENT Name E ARTS, I	# K4 (6767	(5)	- 1								
	GHINESI	E ANIO, I	NO.											
Principal Place of Business Mailing Address										1 (\$4500))) Diá a id	10 0 4414 (9544 3 1441 10	II MARII DIDIR I	14 0 44 61011 01011	BINTA INGI
7214 NW 31 ST MIAMI FL 33122-1216					7214 NW 31 ST Miami FL 33122									
Ļ	Denoinal (III	lance of Chaire			a. Mailing Address					 Date Incorpore 11/22/1988 FEI Number 		l	ate of Last R 19/1996	
21	2. Principal Place of Business				26 Maling Address			Ι.	65-00841	19		 	plied For t Applicable	
	Suite, Apt	#. etc.			Suite, Apt. #, etc.					5. Certificate of S			\$8.75	Additional
22	City & State			27	City & State								Fee Re	
23				28	ๆ				'	 Election Camp Trust Fund Co 	-		\$5.00 Added 1	
	Zip	Gountry Zip				Country				B. This corporation	on has liability for	r intangible	tax under s	
24			25	29		30				Florida Statute	s ^	Yes	□ No	
				of Current Reg	Istered Agent		31	Name	1(0. Name and Ad	dress of New J	egistered	Agent	· · · · · · · · · · · · · · · · · · ·
SIN, STEPHEN W.							"	name						
7214 NW 31ST MIAMI FL 33122							92	Street Ad	ddress	(P.O. Box Numb	er is Not Accepta	able)		
	MIAI	MI PL 33 12	£			Ē	33				·			
								<u> </u>					11 5:	01-
							84 City					FL	85 Zip i	Code
1	1. Pursuant I	to the provisi	ons of Section	ns 607.0502 and	607 1508, Florida Stat	tutes, the abo	ove	-named c	orporal	ion submits this	statement for the	purpose c	f changing it	s 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 appoir agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											Jointine it as	rogratarou		
S	IGNATURE	·		registered agent and t	de de mississe	OTE Registered	A	nt nimenti en en	an incode a f	an Inicatation		DATE		
1	2.	Signature, type s		ICERS AND DIR		13.	~⊌ro⊨	ill signature te	danea M		IANGES TO OFF		DIRECTOR	S IN 12
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N.	AME]					6.2 NAN	ΛE]						
l s	TREET ADDRESS					6.3 STR	EET.	ADDRESS						

64 CITY - ST - 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)(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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

13 if changer an an attachment with an address SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DURECTOR

SIGNATURE:

FILED

Jan 27 1997 8:00am