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

**PROFIT** CORPORATION ANNUAL REPORT

SIGNATURE;



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Mar 11 1997 8:00am

Secretary of State DIVISION OF CORPORATIONS

	1997		Secretary of State DIVISION OF CORPORATION			ONS		Secretary of State							
	MENT # In Namic H & BURKIC			(1)											
Principal Place of Business Mailing Address												BOU BIRH PIOI			
201 ALHAMBRA CIR. STE 502			201 ALHAMBRA CIR. STE 502												
CORAL GABLE	S FL 33134		CORAL	GABLES FL 3313	H-5194				a Data		J O UC-		Data all a		
										19/1989	ed or Qualifie		Date of La 5/01/199		port
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22			27	10, 7 pr. 11, 010.					5. Certi	ficate of Sta	itus Desired		7	PeR eq	
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<b>23</b>   Zip		Country	28 Zip	·	Cor	untry				Fund Contr	ribution has liability f	for intensits		ded to	
24	25	,	29		30	<b>.</b> ,				da Statutes	rias liability i	Yes	No V	Hers.	199.032,
	· · · · · · · · · · · · · · · · · · ·	Address of Current	Registere	d Agent		Ι	T		10. Nam	e and Addr	ress of New	Registere	d Agent		
	KICH, LORETT					81	Name	3							
	ALHAMBRA CI 502	к.				82	Street	Addres	s (P.O. B	ox Number	is Not Accep	table)		***********	
	: 302 RAL GABLES FI	L 33134				83	<del> </del>			·····		<u> </u>			
•						84	City				<del></del>		Tarl	7:- 0:	
												F		Zip Co	
11. Pursuant office or r	to the provisions registered agent.	of Sections 607.0502 or both, in the State o ind accept the obligati	and 607.1. f Florida S	508, Florida Stati	utes, the a	bove d b	e-named	d corpor	ation sub	mits this state	tement for the	e purpose	of changi	ng its	registered
	mi familiar with, a	rid accept the obligati	ions of, Se	ction 607.0505, F	Florida Sta	tute	В.								
SIGNATURE	Signature, typed or pro	illed risk o of registered agent	and title it app	r⊮cable. (N/	DTE: Registere	ad <u>Ac</u>	ant signatur	periuper ex	when reinstal	ting)	<del></del>	DATE			
12.		OFFICERS AND	DIRECTOR		13/	D	PV		ADDIT		NGES TO OF				IN 12
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6.4 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 appears in Block 12 or Block 13 if practice, or on an attachment with an address.