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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05 1997 8:00am
Secretary of State

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DOCUMENT # K91517 (8) STEMA CORPORATION					2 (BB) (B) (F B) (B (B) (B) (B) (B) (B) (B) (B) (B) (B)	Birii didhi bibii d	(B): 812((S)2(: 188)
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STEPHEN A.	L KEY DR STE. 305	Mailing Address STEPHEN A. FREEMAN 520 BRICKELL KEY DR STE. 305 MIAMI FL 33131-2607					
iriai i E ooi	(4)	mmm: 1 x 40181 4041			3. Date Incorporated or Qualified 05/30/1989	3a. Date o 03/12/1	Last Report
1	Place of Business	2a. Mailing Address	······································	······································	4. FEI Number	-4	Applied For
Suite, Ap	d # oto	Suite Apt. #, etc.			65-0124407		Not Applicable 8.75 Additional
	,	27			5. Certificate of Status Desired		Fee Required
City & Sta	nte:	City & State		***************************************	Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Zιρ	Country	Zip	Country		8. This corporation has liability for i		
	25 9. Name and Address of Curre	29 ent Registered Agent	30		Florida Statutes 10, Name and Address of New Re	Yes N	
FR	EEMAN, STEPHEN A.		B1	Name			
520	D BRICKELL KEY DRIVE		82	Street Addre	ess (P.O. Box Number is Not Acceptab	ole)	
	E. 305						
MIA	AMI FL 33131		83				
			84	City		FL 8	Zip Code
	1.6						
		502 and 607.1508, Florida Statu de of Florida. Such change was igations of, Section 607.0505, F	tes, the above- authorized by t lorida Statutes.	named corp the corporati	oration submits this statement for the pion's board of directors. I hereby accept	orpose of cha of the appointr	inging its registered nent as registered
			tes, the above- authorized by t lorida Statutes. TE: Registered Agen:		od when reinstating)	DATE	
IGNATURE 2.	Constant appeal or product sense of registered a	agent and title if applicable (NO ND DIRECTORS	TE: Registered Agen:	signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIF	RECTORS IN 12
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14. I do hereby certify that the information supplied with this filling closes 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 fillock, 12 or Block, 13 if changed, or on an attactment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOL

4/11/97

(305)418-4140

Daytme Phone #