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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

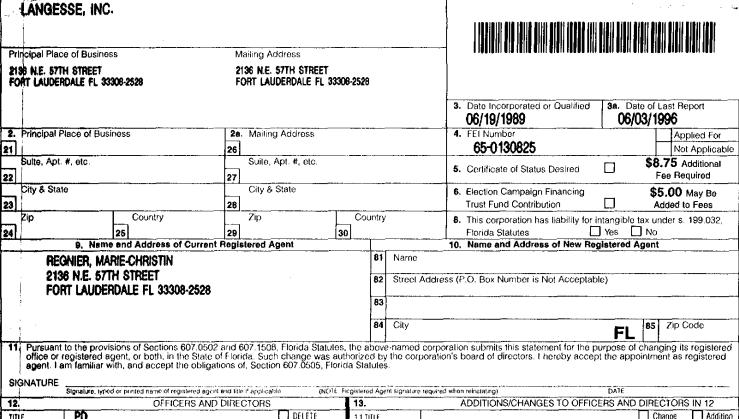
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K96473

(9)

ŀ	Principal Place of Business	Mailing Address
	2136 N.E. 57TH STREET FORT LAUDERDALE FL 33308-2528	2136 N.E. 57TH STREET FORT LAUDERDALE FL 33308-2528

FILED Apr 29 1997 8:00am Secretary of State



agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Signature, typod or printed name of registered agent and little if applicable (h	NOTE Progistered Agent signature r	enwind when rejectation)	DATE			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO		S IN 12		
TITLE	PO DELETE	1.1 TITLE		☐ Change	Addition		
NAME	REGNIER, MARIE-CHRISTIN	1.2 NAME			Ĭ		
STREET ADDRESS	2136 N.E. 57TH STREET	1.3 STREET ADDRESS					
CHTY-ST-ZIP	FORT LAUDERDALE FL 33308-2528	1.4 CITY-ST-ZIP					
TITLE	D DELETE	2.1 TITLE		Change	Addition		
NAME	OSSUDE, JEAN F	2.2 NAME					
STREET ADDRESS	2136 N.E. 57TH STREET	2.3 STREET ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE FL 33308-2528	2. 4 CITY-S1-ZIP					
TITLE	DELETE	3.1 TITLE		☐ Change	Addition		
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CHTY-ST-ZIP		3.4. CHY-ST-ZIP					
TITLE	DELETE	4.1 TITLE		Change	Addition		
NAME	1	4 2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP	<u>1</u>	4.4 City - St - ZIP					
TOLE	☐ DELFTE	5.1 TITLE		Change	Addition		
NAME		5.2 NAME			}		
STREET ADDRESS		5.3 STREET ADDRESS					
CITY ST-ZIP		5.4 CHTY-ST-ZIP					
TITLE	DELETE	61 TITLE		☐ Change	Addition		

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 changed or on an attachment with an address.

6.3 STREET ADDRESS

6.2 NAME