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

PROFIT CORPORATION **ANNUAL REPORT** 1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L10606

(6)

FILED May 14 1997 8:00am Secretary of State

Principal Place 14350 NE 6TH N. MIAMI FL 33	AVE.	Mailing Address 14350 NE 6TH AVE. N. MIAMI FL 33161-2807			
				 Date Incorporated or Qualified 08/22/1989 	3a. Date of Last Report 06/21/1996
	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
Sulte, Apt.	# oto	Suite, Apt #, etc.		65-0190037	Not Applicable
22	#, 010.	27		5. Certificate of Status Dosired	Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28	T. Country	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Ζ(p)	Country 30	 This corporation has liability for Florida Statutes 	or intangible tax under s. 199.032,
24]	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New F	
STE	ELE, CHRISTOPHER		B1 Name	0	
14350 NE 6TH AVE.			82 Stree	82 Street Address (P.O. Box Number is Not Acceptable)	
N. M	AIAMI FL 33161				
			83		
	3		84 Cily		FL 85 Zip Code
agent. I a SIGNATURE	to the provisions of Section 50 (b) egistered agoni of boll in the section of an amiliar with and an another the section of a sec	110	ites, the above-name authorized by the co Torida Statutes HRISTOPHER III: Registand Agent signali	d corporation submits this statement for the imporation's board of directors. I hereby acc	purpose of changing its registered ept the appointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	P	☐ DELFTE	1 1 TATLE		Change Addition
NAME	STEELE, CHRISTOPHER		1.2 NAME		70
STREET ADDRESS	1300 NE 157TH ST. N. MIAMI BCH FL 33162		1,3 STREET ADDRESS		2000
CITY-ST-ZIP	14. Miletin DOIT I COTOL	☐ OELETE	1.4 CHY - S1 - 7H ² 2 1 HHLF		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	;	}
CITY-ST-ZIP		- Delete	2. 4 City - St - ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME Street Address			3.2 NAME 3.3 STREET ADDRESS	.1	
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	•]
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIF		Change Addition
NAME		T receip	5.1 TITEF 5.2 NAME		CT Augusts CT virtuillau (
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-7/P		
TITLE	<u> </u>	DELETE	6.1 THEF		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	5	
CITY-ST-ZIP		1 30 A - 100 - 11	6.4 CITY - ST - 712	stated in Control 110 02/29/8 Floride Control	

t quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the oil is true and accurate and that my signature shall have the same legal effect as if made under eath; that provided to execute this report as required by Chapter 607, Florida Statutes; and that my name an address.