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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # L20727

(8)

FILED Apr 24 1997 8:00am Secretary of State

Principal Piace * MIRIAM G. F 7730 BW 52 CT MIAMI FL 3314	e of Business ISHER	r reportin	•	Mailing Address Mailing Address MIRIAM G. F 7730 SW 52 C MIAMI FL 3314	FISHER T									,		
										3. Date Inc. 09/21/1	orporated (989	or Qualified	d 3a. [Date of L /23/19	.ast Ro 96	eport
2. Principal Pi	lace of Busine	ess	├	a. Mailing Ad	idress					4. FEI Num 65-01					_+	plied For
Suite, Apt.	#, etc.		26	Suite, Apt	#, etc.			··-						\$8	+	t Applicabl Additional
22	·-·		27							5. Certificat	e of Status	Desired		•		quired
City & State	3		28	City & Stat	te					6. Election	Campaign nd Contribu	**				May Be o Fees
Zip		Country		Zip		Cou	intry			8. This corp						
24		5	29			30	·			Florida S				□No		
PIAL		nd Address of	Current Reg	istered Agen	<u></u>		81	Name		10. Name ar	a Addres	s of New i	Hegistered	Agent		
	ier, Miriam Sw 52 ct	Ģ.				ļ			 .		 					
	/I FL 33143						82	Street	Address	s (P.O. Box N	lumber is f	Not Accept	table)			
						Ì	83									
						}	84	City	···········				FL	85	Zip (Code
11. Pursuant t	orietered age	ons of Sections 6	07.0502 and	F607, 1508, F10	ogicia Statilii	es, me at	DOVE-	-namea	corpora	ation submits	this staten	nent for the	e purpose i	or chang	ging it:	s registered registered
SIGNATURE		r prefed name of regis	lered agent and t							i's board of d	irectors. I i	nereby acc	DATE	paintme		
SIGNATURE	Signature, typed c	r prefed name of regis		ise if applicable ECTORS	(NOT	E Ragistered	d Agen			when reinstaling)				ID DIRE	CTOR	S IN 12
SIGNATURE 12. TITLE	Signature, typed o	or printed name of regis	lered agent and t	ise if applicable ECTORS		13.	d Agen			when reinstaling)			DATE		CTOR	
SIGNATURE 12. TITLE NAME	Signature, typed c	OFFICE	lered agent and t	ise if applicable ECTORS	(NOT	13. 1.1 711	d Agen TLE AME	N signaturo		when reinstaling)			DATE	ID DIRE	CTOR	S IN 12
SIGNATURE 12. TITLE	Signature, typed of D FISHER, M	OFFICE	lered agent and t	ise if applicable ECTORS	(NOT	13. 1.1 1/1 1.2 NA	d Agen TLE AME	il signaturo ADDRESG		when reinstaling)			DATE	ID DIRE	CTOR	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	D FISHER, N 7730 SW	OFFICE	lered agent and t	de if applicatife ECTORS	(NOT	13. 1.1 1/1 1.2 NA	d Agen TLE AME TY-ST-	il signaturo ADDRESG		when reinstaling)			DATE	ID DIRE	CTOR	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D FISHER, N 7730 SW	OFFICE	lered agent and t	de if applicatife ECTORS	(NOT)	E Registered 13. 1.110 1.2 NA 1.3 S1 1.4 Cil 2.1 TU 2.2 NA	d Agend TLE AME TY-ST- TLE AME	M signaturo ADDRESG - ZIP		when reinstaling)			DATE	ID DIRE	CTOR lange	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D FISHER, N 7730 SW	OFFICE	lered agent and t	de if applicatife ECTORS	(NOT)	13. 1.110 1.2 NA 1.3 SI 1.4 CO 2.1 TO 2.2 NA 2.3 ST	ILE AME IREET A TY-ST- ILE AME IREET A	M signaturo ADDRESS - ZIP ADDRESS		when reinstaling)			DATE	ID DIRE	CTOR lange	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D FISHER, N 7730 SW	OFFICE	lered agent and t	ine it applicable ECTORS	(NOT)	13. 1.110 1.2 NA 1.3 SI 1.4 CO 2.1 TO 2.2 NA 2.3 ST	ILE AME IRECT A TY-ST- ILE AME IRECT A ILE AME IRECT A	M signaturo ADDRESS - ZIP ADDRESS		when reinstaling)			DATE	ID DIRE	CTOR lange	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, N 7730 SW	OFFICE	lered agent and t	ine it applicable ECTORS	DELETE	E Fregisterece 13. 1.110 1.2 NA 1.3 SI 1.4 CI 2.1 TO 2.2 NA 2.3 SI 2.4 CI	ILE AME IRECT A IY-ST- ILE AME IRECT A ITY-ST- ILE IRECT A	M signaturo ADDRESS - ZIP ADDRESS		when reinstaling)			DATE	ID DIRE	CTOR lange	S IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D FISHER, N 7730 SW	OFFICE	lered agent and t	ine it applicable ECTORS	DELETE	13. 1.110 1.2 NA 1.3 S1 1.4 C0 2.1 T0 2.2 NA 2.3 S1 2.4 C0 3.1 T0 3.2 NA	d Agenville AME IREET A TY-ST- ILE AME IREET A HTY-ST	M signaturo ADDRESS - ZIP ADDRESS		when reinstaling)			DATE	ID DIRE	CTOR lange	S IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, N 7730 SW	OFFICE	lered agent and t	ine if applicable ECTORS	DELETE DELETE DELETE	13. 1.110 1.2 NA 1.3 SI 1.4 CI 2.2 NA 2.3 SI 2.4 CI 3.1 TI 3.2 NA 3.3 SI 3.4 CI 3.4 CI	d Agent TLE AME TY-ST- TLE AME TREET A TLE AME	ADDRESS L-ZIP ADDRESS ADDRESS		when reinstaling)			DATE	ID DIRE	CTOR lange lange	S IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D FISHER, N 7730 SW	OFFICE	lered agent and t	ine if applicable ECTORS	DELETE	13. 1.170 1.2 NA 1.3 SI 1.4 CO 2.1 TO 2.2 NA 2.3 SI 2.4 CO 3.1 TO 3.2 NA 3.3 SI 3.4 CO 4.1 TO	ILE ILE IRE(1 A ITY-ST- ILE AME IRE(1 A ITY-ST- ILE AME IRE(1 A ITY-ST- ILE IRE(1 A ITY-ST- ILE IRE(1 A ITY-ST- ILE IRE(1 A ITY-ST- ILE	ADDRESS L-ZIP ADDRESS ADDRESS		when reinstaling)			DATE	ID DIRE	CTOR lange lange	S IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, N 7730 SW	OFFICE	lered agent and t	ine if applicable ECTORS	DELETE DELETE DELETE	13. 1.110 1.2 NA 1.3 S1 1.4 C0 2.110 2.2 NA 2.3 S1 2.4 C0 3.1 T0 3.2 NA 3.3 S1 3.4 C0 4.1 10 4.2 NA	ILE IRECT A ITY-ST- ILE AME IRECT A ITY-ST- ILE AME IRECT A ITY-ST ILE ITY-ST ILE ITY-ST ILE	ADDRESS L-ZIP ADDRESS ADDRESS		when reinstaling)			DATE	ID DIRE	CTOR lange lange	S IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D FISHER, N 7730 SW	OFFICE	lered agent and t	ine if applicable ECTORS	DELETE DELETE DELETE	13. 1.1 111 1.2 NA 1.3 S1 1.4 C1 2.1 T1 2.2 NA 2.3 S1 2.4 C1 3.1 T1 3.2 NA 3.3 S1 3.4 C1 4.1 T1 4.2 NA 4.3 S1	ILE IRECT A ITY-ST- ILE AME IRECT A ITY-ST- ILE AME IRECT A ITY-ST ILE ITY-ST ILE ITY-ST ILE	ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP		when reinstaling)			DATE	ID DIRE	CTOR lange lange	S IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D FISHER, N 7730 SW	OFFICE	lered agent and t	ine if applicable ECTORS	DELETE DELETE DELETE	13. 1.1 111 1.2 NA 1.3 S1 1.4 CI 2.1 TI 2.2 NA 2.3 S1 2.4 CI 3.1 TI 3.2 NA 3.3 S7 3.4 CI 4.1 TI 4.2 NA 4.3 S1 4.4 CI 5.1 TI 5.1 TI	ILE AME IREET A TY-ST- ILE AME IREET A ITY-ST ILE AME ITY-ST ILE AME ITY-ST ILE AME ITY-ST ILE	ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP		when reinstaling)			DATE	ID DIRE	CTOR lange	S IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D FISHER, N 7730 SW	OFFICE	lered agent and t	ine if applicable ECTORS	DELETE DELETE DELETE	13. 1.1 111 1.2 NA 1.3 S1 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 CI 3.1 TI 3.2 NA 3.3 S7 3.4 CI 4.1 TI 4.2 NA 4.3 S1 4.4 CI 5.1 TI 5.2 NA	ILE AME IRECT A TY-ST- ILE AME IRECT A ITY-ST- ILE AME IRECT A ITY-ST- ILE IRECT A ITY-ST- ILE IRECT A ITY-ST- ILE AME	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 2-ZIP		when reinstaling)			DATE	ID DIRE	CTOR lange	S IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D FISHER, N 7730 SW	OFFICE	lered agent and t	ine if applicable ECTORS	DELETE DELETE DELETE	13. 1.1 111 1.2 NA 1.3 S1 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 CI 3.1 TI 3.2 NA 3.3 ST 3.4 CI 4.1 TI 4.2 NA 4.3 ST 4.4 CI 5.1 TI 5.2 NA 5.3 ST	ILE AME IRECT A TY-ST- ILE AME IRECT A ITY-ST- ILE AME IRECT A ITY-ST- ILE IRECT A ITY-ST- ILE AME IRECT A ITY-ST- ILE IRECT A ITY-ST- ILE	ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP		when reinstaling)			DATE	ID DIRE	CTOR lange	S IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D FISHER, N 7730 SW	OFFICE	lered agent and t	ine if applicable ECTORS	DELETE DELETE DELETE	13. 1.1 111 1.2 NA 1.3 S1 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 CI 3.1 TI 3.2 NA 3.3 ST 3.4 CI 4.1 TI 4.2 NA 4.3 ST 4.4 CI 5.1 TI 5.2 NA 5.3 ST	ILE AME IRECT A ITY-ST- ILE AME IRECT A ITY-ST ILE AME IRECT A ITY-ST ILE IRECT A ITY-ST	ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP		when reinstaling)			DATE	ID DIRE	CTOR aange aange aange	S IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, N 7730 SW	OFFICE	lered agent and t	ine if applicable ECTORS	DELETE DELETE DELETE DELETE	13. 1.1 111 1.2 NA 1.3 S1 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST 5.4 CI	ILE AME IRECT A TY-ST- ILE AME IRECT A TY-ST ILE AME IRECT A ITY-ST ILE AME IRECT A ITY-ST ILE IRECT A ITY-ST ILE IRECT A ITY-ST ILE IRECT A ITY-ST ILE IRECT A ITY-ST	ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP		when reinstaling)			DATE	iD DIRE	CTOR aange aange aange	S IN 12 Addition Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D FISHER, N 7730 SW	OFFICE	lered agent and t	ine if applicable ECTORS	DELETE DELETE DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 S1 1.4 CII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 4.4 CII 5.2 NA 5.3 ST 5.4 CI 6.1 TII 6.2 NA	ILE AME IRECT A ITY-ST- ILE AME IRECT A ITY-ST ILE AME IRECT A ITY-ST ILE AME IRECT A ITY-ST ILE IRECT A ITY-ST IT	ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP		when reinstaling)			DATE	iD DIRE	CTOR aange aange aange	S IN 12 Addition Addition Addition Addition Addition

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 or lam an officer or director of the corporation or the receiver or trusted 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.

IGNATURE:

| ONE | ONE

305-663-4999