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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # L26286** 

(9)

10/27/1989   04/12/1   2. Principal Pace of Business   2a. Mailing Address   4. FEL Number	Last Report  996 Applied For Not Applicable  3.75 Additional Fee Required  5.00 May Be Added to Fees Inder s. 199.032
NORTH MIAMI BEACH FL 33160  NORTH MIAMI BEACH FL 33160-3048  3. Date Incorporated or Quelified 10/27/1989 (04/12/1989)  4. FEI Number 65-0155673  Suite, Apt #, etc. Suite, Apt #,	Applied For Not Applicable 8.75 Additional Fee Required 95.00 May Be Added to Fees Inder s. 199.032,
10/27/1989   04/12/1   2. Principal Pace of Business   28. Mailing Address   4. FEL Number	Applied For Not Applicable  8.75 Additional Fee Required  5.00 May Be Added to Fees under s. 199.032
28. Mailing Address   28. Mailing Address   28. Mailing Address   3. Fe Number   3. Suite, Apt #, etc.   5. Certificate of Status Desired   \$\$1.000000000000000000000000000000000000	Applied For Not Applicable 3.75 Additional Fee Required 5.00 May Be Added to Fees under s. 199.032,
Suite, Apt #, etc.    Suite, Apt #, etc.   Suite, Apt #, etc.   Suite, Apt #, etc.   S. Certificate of Status Desired   Status Desired   City & State   Country   State   Country   State   Country   State   City   State   State   City   State   State	Not Applicable 3.75 Additional Fee Required 5.00 May Be Added to Fees under s. 199.032,
22   27   City & State   City & City & State   City	Fee Required  55.00 May Be Added to Fees under s. 199.032,
City & State  Country  Zip  Country  B. This corporation has liability for intengible tax uniform the provisions of Current Registered Agent  LISS, MITCHELL  18400 W. DIXIE HWY, SUITE D  NORTH MIAMI BEACH FL 33160  B2  Street Address (P.O. Box Number is Not Acceptable)  NORTH MIAMI BEACH FL 33160  B3  B4  City  FL  B5  City Street Address (P.O. Box Number is Not Acceptable)  B5  City City  FL  B6  City FL  B7  City FL  B7  City FL  B7  City FL  B8  City FL  City FL  B8  City FL  B8  City FL  B8  City FL  B8  City FL  City FL  B8  City FL  B8  City FL  B8  City FL  City FL  B8  City FL  City FL  B8  City FL  City FL  City FL  B8  City FL  Cit	5.00 May Be Added to Fees inder s. 199.032,
Trust Fund Contribution	Added to Fees inder s. 199.032,
Zip	inder s. 199.032,
25   29   30   Florida Statutes   Yes   No.	)
LISS, MITCHELL 18400 W. DIXIE HWY, SUITE D NORTH MIAMI BEACH FL 33160  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City  FL  85  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chair agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  86 City  FL  87  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chair agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  86 City  FL  87  87  88 Street Address (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  89  80 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  81  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL  85  85  85  85  85  85  85  85  85  8	ŧ .
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chard clinic or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointing agent. I am family am directly the originations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointing agent. I am family and accept the originations of, Section 607.0505, Florida Statutes.    SIGNATURE	
NORTH MIAMI BEACH FL 33160  83  84 City  FL  85  11. Pursuant to the previsions of Sections 607.05.02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of characteristic or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointmagent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature by the publication of registered agent and like if applicable.  NAME  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. CITY-ST-ZIP  ITHE  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  N MIAMI BEACH FL  DELETE  2.1 TITLE  2.2 NAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  THE  DELETE  3.1 TITLE  DELETE  3.1 TITL	
83  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chard office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointing agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature 15,001 or penaled name of registered agent and the if applicable. (NOTE: Repeated Agent signature required when reinstating). DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  LISS, MITCHELL  LISS, MITCHELL  12 NAME  SHEEF ARDRESS  CITY STOP  ITTLE  DELETE  1.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  N MIAMI BEACH FL  DELETE  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  CITY STOP  TOTAL  DELETE  3.1 TITLE  CITY-ST-ZIP  TOTAL	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of charged agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointmagent Larin familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Superior (port of the previsions of registered agent and late if applicable	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submils this statement for the purpose of charge or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointing agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature type for printed name of regionsed agent and tele if applicable. (NOTE: Registered Agent signature required when reinstating). DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  BRIF PD	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chardles or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment and a complete or registered agent and the if applicable.  SIGNATURE  Signature (such or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  BUT DELETE  1.1 TITLE  LISS, MITCHELL  1.2 NAME  1.3 STREET ADDRESS  CITY ST 7P  NAMIAMI BEACH FL  DELETE  2.1 TITLE  2.2 NAME  STREET ADDRESS  CITY ST 7P  THE  DELETE  3.1 STREET ADDRESS  CITY ST 7PP  THE  DELETE  3.1 TITLE  CITY-ST 7PP  THE  THE  THE  THE  THE  THE  THE  T	Zip Code
SIGNATURE	naina its registered
SIGNATURE	ient as registered
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13. TITLE	
DELETE   1.1 TITLE	P12
NAME   LISS, MITCHELL   12 NAME   18400 W DIXIE HWY STE D   1.3 STREET ADDRESS   14 CITY-ST-ZIP   11 TILE   CITY-ST-ZIP   17 TILE   CITY-ST-ZIP	
STREET ADDRESS   18400 W DIXIE HWY STE D   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP	Change 🔲 Addition
TITLE	
TITLE	
NAME         2.2 NAME           STRETT ADDR5S         2.3 STREET ADDRESS           CUT-ST-ZIP         2.4 CITY-ST-ZIP           TPLE         DELETE         3.1 TITLE	Change Addition
23 STREET ADDRESS   23 STREET ADDRESS   24 CITY-ST-ZIP   TFLE	Aldings La received
CU1r-S*-7IP 2 4 CITY-SF-ZIP  IPLE DELETE 31 TITLE	
TIPLE DELETE 31 TIPLE	
1	Change
NAME 32 NAME	
STREET ADDRESS:	
E(TY+S)-201 34_CITY-ST-ZIP	
DELETE 4.1 TITLE	Change Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	:
017-S1-70 44-017-S1-70	
NAME 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS	Change Addition
5.3 STREET ADDRESS	change Addition
	Change Addition
NAME 6.2 NAME	Change Addition
STREET ADDRESS 6.3 STREET ADDRESS	
C11Y - S1 - Z1P 6.4 C11Y - S7 - Z1P	
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 cert 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 mi	

04/16/97

(305) 932-8600

**FILED** 

Apr 25 1997 8:00am

Secretary of State