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

CODDODATION



FLORIDA DEPARTMENT OF STATE

| ANNI | JAL REPORT 1997 | L REPORT Secretary of Sta | | | | Secretary of State | | | | |
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| | MENT # L484 INT TELEPHONE EQUIP | | | | | 1 SERIYANI BIJ DIDDI JENI EKADI HEGI HIDI |) (| 1101) 111 11 | D/3 // /D. | |
| Principal Plac VIVIAN RITT 132 E OAKLAN WINTON MANC | ENHOUSE ID PARK BLVD | 2630 NE 25 ST | % VIVIAN RITTENHOUSE 2830 NE 25 ST LIGHTHOUSE POINT FL 33084-8308 | | | 3. Date Incorporated or Qualified 3a. Date of Last Report | | | | |
| | | • | | | | 02/08/1990 | 04/23/ | | | |
| | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | | oplied For | _ |
| Suite, Apt | th old | Suite, Apt. #, etc. | | | | 65-0177975 | | | ot Applicable | - |
| 22 | #, C (C. | 27 Suite, Apr. #, etc. | | | | 5. Certificate of Status Desired | | Fee Re | Additional equired | |
| Otty & Stat | le | City & State | | | | 6. Election Campaign Financing | | \$5.00 | May Be | 7 |
| 23 | | 28 | <u>-</u> | | | Trust Fund Contribution | | Added t | | - |
| Z(p) | Country Zip Co | | | | 8. This corporation has liability for intengible tax under s. 199.03 Florida Statutes | | | | | |
| [24] | 9. Name and Address of C | | 1301 | Ι | | 10. Name and Address of New Re | | | | 1 |
| CAP | PUTO, BARBARA | | | 81 | Name | | | | | 7 |
| 5300 NE 24 TERR APT 335 | | | | 82 | Street Ade | dress (P.O. Box Number is Not Acceptab | le) | | | - |
| FT LAUDERDALE FL | | | | | ļ | · · · · · · · · · · · · · · · · · · · | | | | _ |
| | | | | 83 | | | | | | |
| ļ | | | | 84 | City | | FL | 5 Zip (| Code | 7 |
| 11. Pursuant office or ragent La | Asadara C | monte | | | | rporation submits this statement for the p ation's board of directors. I hereby accep | | anging it ment as | s registered registered | |
| 12. | 9 justine: typed or printed name of registe OFFICER | S AND DIRECTORS | NOTE: Register | eo Ape | ent signature req | ulred when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE FRS AND DI | RECTOR | S IN 12 | 70 |
| TITLE | P\$ | DELETE 1.1 T | | | | | | Change | Addition | \ <u>{</u> |
| NAME | | | | 1.2 NAME | | • | | | | 1 |
| STREET ADDRESS | 5300 NE 24 TERR APT 33 | 95 | 1.3 3 | STREET | ADDRESS | | | | | ١ |
| C+TY+ST+ZIP | | | | | ST-ZIP | | | Observe | T Addition | 4 |
| TITLE | D Peka, ronald | DELETE | - 1 | ITLE | } | | il | Change | Addition | 1 |
| NAME STREET ADDRESS | 5911 NE 21 RD | | | VAME STREET | ADDRESS | • | | | | |
| CITY-ST-ZIP | FT LAUDERDALE FL | | 1 | | ST-ZIP | | | | | 1 |
| 101: F | | DELETE | | ITLE | | <u> </u> | | Change | ☐ Addition | 7 |
| hame | İ | | 3.21 | IAME | 1 | | | | | |
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| TIBLE NAME | | ביין הכנבוב | | iitle Name | 1 | | ب | Autorific | Addition | 1 |
| STHEFT ACHORESS | | | | | ADORESS | | | | | 1 |
| CHY-ST-ZIP | | <u> </u> | | | ST-21P | | | | | |
| TILLE | | ☐ DELETE | | ITLE | | | | Change | ☐ Addition | |
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| NAME | - | נ טנגנונ | | IAME | | | لا | Sumilia | L. AVUIDO | |
| STREET ADDRESS | | | | | ADDRESS | | | | | |
| CITY-S1-7IP | [| | - 1 | | ST-ZIP | | | | | |

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 edicated 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 atlachment with an address.

SIGNATURE:

FILED

May 07 1997 8:00am