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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

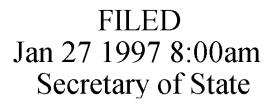
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L48416

(6)

BLAWAL, INC.





Principal Place STANTON (1570 MADRIG CORAL GABLE	SA AE #311	Mailing Address % STANTON G. LEVIN 1570 MADRUGA AE #311 CORAL GABLES FL 33146-3065							
			-			3. Date Incorporated or Qualified 02/02/1990		te of Last)1/1996	
2. Principal f 21	Place of Business	2a. Mailing Address				4. FEI Number 65-0184009	······································	⊢	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & Sta	te	City & State				Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Zη)	Country 25	Zip 29	Goul	ntry	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for			
	9. Name and Address of Curre					10. Name and Address of New R	egistered /	gent	
LEV	/IN, STANTON G.			81	Name				
	O MADRUGA AVE ITE 311					ess (P.O. Box Number is Not Acceptable)			
	RAL GABLES FL 33148			83					
}				84	City		FL	85 Zip	Code
agent. La SIGNATURE	Signature, typed or punited name of mg siered ag					ultion's board of directors. I hereby accelulation is board of directors. I hereby accelulation in the state of the state	DATE		
TITLE	D	DELETE	1.1 [1]	LE				Change	Addition
NAME	WALKER, ALBERT C.		1.2 NA	ME	Ì				
STREET ADDRESS			1.3 \$1	reet	ADDRESS				
CITY-ST-ZIP	FISHER ISLAND FL		1.4 CI	TY-S	ST-ZIP		···		
TATLE	AS	☐ DELETE	2 1 TIT	LE				L Change	Addition
NAME	LEVIN, STANTON G. 1570 MADNGA AVE #311		2.2 NA						
STREET ADDRESS	CORAL GABLES FL		1		ADDRESS				
CITY-ST-ZIP	OUINE CHOCLO I E	☐ DELETE	2. 4 G		ST-ZIP			Change	Addition
NAMÉ			3.2 NA		}				 •
STREET ADDRESS			3.3 ST	REET	r address				
CITY-ST-ZIP			34. CI	TY-5	ST-ZIP				
TITLE		DELETE	4 1 Th					Change	Addition
NAME		,	4. 2 N		ì				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE	4.4 C) 5.1 Til		ST-ZIP		······································	Change	Addition
NAME			5.2 NA						
STREET ADDRESS			- 1		r address				
CITY-SI-ZIP					ST-ZIP				
HILE		DELETE	61 Tn					Change	Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REET	ADDRESS				
CHY-S1-ZIP					T-ZIP				
14. I do here	eby certify that the information suppli	ed with this filing does not qua	alify for the	ехє	mption state	ed in Section 119.07(3)(i), Florida Statut	es. I furthe	certify the	at the

information indicated on this annu-Lam an officer or director of the cappears in Block 12 or Block 13 Atal annual report is true and accurate and that my signature shall have the same legal effect as it made under or ever or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name (305) 662-1988 Stanton G. Levin

SIGNATURE:

0203817