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

## **PROFIT**

FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT 1997			Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS			Secretary of State		
1. Corporation	MENT # <b>L66</b> 8 DE MOLA CORPORAT		(4)			S INDIVIDUO DEN BANKO BARAN DAVAD DAVAD AKAN	ALAM RUBII BIBII BIBII ANGM	ANDII INGI
Principal Place		•	Mailing Address 9831 SW 184TH STREET					
MIAMI FL 3315		MIAMI F	L 33157-6934					
					·· <b>-</b> _	3. Date incorporated or Qualified 04/19/1990	3a. Date of Last R 04/22/1996	
2. Principal Pl	lace of Business	2a. Maili 26	ng Address			4. FEI Number 65-0192453	<del></del>	oplied For ot Applicable
Suite, Apt	#, etc.	·	e, Apt. #, etc.		7	5. Certificate of Status Desired	\$8.75	Additional
City & State		27 City	& State			<del>_</del>	Fee Re	
23	7	28	& State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country	Zip		Country		8. This corporation has liability for i	ntangible tax under s.	
24	9, Name and Address o	29 Current Registered	Agent	30		Florida Statutes  10. Name and Address of New Re	Yes No	
KRA	MER, JEFFREY S ESQ.	· · · · · · · · · · · · · · · · · · ·	Agont	81	Name	10. Hambana Adalasa di Hali Ha	Jistorea Agunt	
7000 CW COND AVE DENTHOLICE D					Street Add	Iress (P.O. Box Number is Not Acceptab	le)	
MIA	MI FL 33143							
				83		·		j
				84	City		FL 85 Zip	Code
11. Pursuant to office or reagent. Lar	to the provisions of Sections egistered agent, or both, in the lamiliar with, and accept the	607.0502 and 607.15 he State of Florida. Sune obligations of, Sec	08, Florida Statu ich change was tion 607.0505, F	tes, the above authorized by lorida Statutes	-named cor the corpora	poration submits this statement for the patients board of directors. I hereby accept		s registered registered
SIGNATURE								
12.	Signature typed or printed hame of reg OFFIC	stered agent and title if applic ERS AND DIRECTOR:		16 Registered Age	nt signature regu	ired when reinstating)  ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	S IN 12
"IBLE	•		DELETE	1.1 TITLE			☐ Change	Addition
NAME	DEMOLA, ARMAND LO			1.2 NAME				
STREET ADDRESS	8031 SW 138TH PLACI MIAMI FL 33183	<b>:</b>		1.3 STREET				}
DITY-S1-ZIP TITLE	VP		DELETE	1.4 CITY · ST 2.1 TITLE	1-211		Change	Addition
NAME	DEMOLA, ARMAND LO	ret dr.		2.2 NAME	}			
STREET ADDRESS	8031 SW 138TH PLACE	•		2 3 STREET	ADDRESS			j
CITY-ST-ZIP	MIAMI FL 33183		T nevere	2. 4 CLTY - S	T · ZIP		· · · · · · · · · · · · · · · · · · ·	<b>C 1 1 1 1 1 1 1 1 1 1</b>
TITLE NAME			] DELETE	3 1 TITLE	}		L Change	Addition
STREET ADDRESS				3.2 NAME 3.3 STREET	Andress			ł
CITY+ST-ZIP				34. CiTY - S				1
TITLE			DELETE	4.1 TITLE		<del></del>	Change	Addition
NAME				4. 2 NAME				
STREET ADDRESS				4 3 STREET				ſ
CITY - ST - ZIP			DELETE	4.4 CITY - ST	- ZIP		Change	Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			!
CITY-ST-ZIP				5.4 CITY-ST	- ZIP			
THILF			DEFETE	61 TITLE	}		☐ Change	Addition
NAME STREET ADORESS				G.2 NAME 6.3 STREET	ADDRESS			1
CITY-ST-ZIP				6.4 CITY - ST				}
14 Lda horels	by certify that the information	supplied with this film	ig does not qual	ify for the ever	notion state	d in Section 119.07(3)(i). Florida Statutes	s. I further certify that	the
l am an ol appears ir	friedicated on this almual re fricer or director of the corpo n Block 12 or Block 13 if cha	ation or the receiver aged, or on an atlac	a inual report is or trustee empoy ment with an a	yred to execu dress.	uterthis repo	it my signature shall have the same lega ort as required by Chapter 607, Florida S	tatutes; and that my r	ame lame

SIGNATURE:

**FILED** 

Feb 18 1997 8:00am