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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

,	MENT # L72617 OLDING CORP.	7 (8) Malling Address				
P.O. BOX 5617 MIAMI FL 3325		P.O. BOX 561748 Miami FL 33258-1746		ļ		
US		U\$		3. Date Incorporated or Qualified 05/14/1990	3a. Date of Last Re 04/26/1996	eport
2. Principal FI	ace of Business	2a. Mailing Address		4. FEI Number	 	plied For
Suite, Apt	# otr	Suite, Apt. #, etc.		65-0202808	<u> 60.75</u>	t Applicable
22	.,	27		Certificate of Status Desired	Fee Re	
Crty & State 23		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s.	
24	9. Name and Address of Curre	29 ant Registered Agent	301	Florida Statutes 10. Name and Address of New Re	Yes No	<u> </u>
COF	IEN, RICK	III Hogistored Agent	81 Name	(U. INNITE BILD ACCURAGE OF THE THE	gracered Agent	
9501 SW 94 CT.			82 Street Addi	ress (P.O. Box Number is Not Acceptat	ole)	
MIAMI 33176						
			83			
			84 City		FL B5 Zip (Code
11. Pursuant t office or re agent I ar	to the provisions of Sections 607.05 egistered agent, or both, in the Statin familiar with, and accept the obli	02 and 607.1508, Florida Statut e of Florida. Such change was a gations of, Section 607.0505, Fa	es, the above-named core authorized by the corporal orida Statutes.	oration submits this statement for the ption's board of directors. I hereby acception	surpose of changing its of the appointment as	s registered registered
SIGNATURE	Signature: type disk printed name of registered a	gent and title if applicable. (NOT	E: Registered Agent signature requi	red when reinstating)	DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	DP	☐ DELETE	1.1 TITLE		Change	Addition
NAME STREET ADDRESS	COHEN, RICHARD 9501 SW 94 CT.		1.2 NAME 1.3 STREET ADDRESS			
City-S1-ZiP	MIAMI FL		14 CITY-ST-ZIP			}
TITLE		DELETE	21 TITLE		☐ Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-S1-ZIP		[] priete	2. 4 CITY-ST-ZIP		Change	Addition
THTLE		DELETE	3.1 TITLE 3.2 NAME		Change	
namé Street address			3.3 STREET ADDRESS			
CITY - ST - ZIP			3.4. City-St-ZiP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4 3 STREET ADORESS	•		
CITY: ST-ZIP			44 CITY-ST-ZIP			
TITLE		☐ DELETE	51 TIFLE		Change	L Addition
NAME CIRCLI ADDUCED			5.2 NAME			
STREET ACCRESS CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME		—	6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST - ZIF			6.4 CITY-ST-ZIP			
information	n indicated on this annual report or	supplemental annual report is t	rue and accurate and that	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega rt as required by Chapter 607, Florida S	al effect as if made und	der oath: that I

SIGNATURE: - MIGNATURE NAME OF SIGNING OFFICER OR DIRECTOR DAIL DAIL DAIL DAIL DAY