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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

 Corporation 	BREEZE, INC. of Business E BLVD	Mailing Address 13499 BISCAYNE BLVD. SUITE 1710 N. MIAMI FL 33181-2031			
US		U\$		 Date Incorporated or Qualified 05/16/1990 	d 3e. Date of Last Report 04/25/1996
2. Principal Place of Business 11		2a. Mailing Address		4. FEI Number 65-0202153	Applied For Not Applicable
Suite, Apt. : 22	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ 24	Country 25	Zip	Country 30	· · · · · · · · · · · · · · · · · · ·	or intangible tax under s. 199.032,
<u></u>	9. Name and Address of Current		1001	10. Name and Address of New	
FIRDOUS-ALI GOWANI 13499 BISCAYNE BLVD. UNIT 1710 N. MIAMI FL 33181			81 Name 82 Street 83 Street	Address (P.O. Box Number is Not Accept	lable)
SIGNATURE	of the provisions of Sections 607,0502 opistered agent or both, in the State or familiar with and accept the obligate from the obligate of the state of the obligate of FICERS AND	and the Applicable. (NO	TE: Registered Agent signature		7-12-97 DATE
12. /	PD OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change Addition
NAME STREET ADDRESS.	GOWANI, FIRDOUS-ALI 13499 BISCAYNE BLVD., UNIT		1.2 NAME 1.3 STREET ADDRESS		Origings Assumon
CITA-ST-SIP	N. MIAMI FL	DELETE	1,4 City-ST-ZiP		
NAME STREET ADDRESS ONLY: ST- ZIP	STD Gowani, Nadia F. 13499 Biscayne Blyd., Unit N. Miami Fl	[] DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
NAME STREET AUDRESS		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		, Change Addition
UTV ST-76° UTVE NAME STREET ACIDRESS		DELETE	3.4. CITY - ST - ZIP 4.1 TIYLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
CITY - \$1 - ZiP TITLE NAM: STREEL ADDRESSS		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
C TY+S) ZIP TO LE NAME STBEET ADDRESS		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Change Addition
Off SI-7F 14. I do horet informatio I am an of appears in	by certify that the information supplied in indicated on this annual report or sufficer or director of the corporation or to Book 12 or Block 13 it ghanged, or	with this filing does not qual pplemental annual report is he receiver or thistee empor on an atlachmont with an ad	6.4 CITY-ST-ZIP ify for the exemption strue and accurate and wered to execute this dress.*	stated in Section 119.07(3)(i), Florida Stated in Section 119.07(3)(i), Florida Stated that my signature shall have the same le report as required by Chapter 607, Florida	ites. I further certify that the igal effect as if made under oath; that a Statutes, and that my name