## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

## 1996

DOCUMENT # 173408

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| Principal Place of Business Mailing Address  6201 NO FEDERAL HWY BOCA RATON FL 34387 US  Mailing Address  900 PARK CENTI SUITE 444 MIAMI FL 33169                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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                                       | to the provisions                                                                                                                                                                                                        | of Sections 607.0502                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| I1. Pursuant t<br>or register<br>familiar wit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | to the provisions<br>red agent, or bol<br>th, and accept t                                                                                                                                                               | of Sections 607.0502<br>h, in the State of Flori<br>se obligations of Sec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2 and 607.1508, Flori<br>da. Such change was<br>tion 607.0505, Elorida | da Statutes, the<br>s authorized by                | 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ration submits this statem<br>rd of directors. I hereby a                                          | ent for the purpoccept the appo     | pose of char<br>pintment as r                            |                                                | registered offic<br>Lagent. Lam                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | to the provisions<br>red agent, or bol<br>th, and accept t                                                                                                                                                               | of Sections 607.0503<br>h, in the State of Flori<br>ne obligations of, Sect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2 and 607.1508, Flori<br>da. Such change was<br>tion 607.0505, Florida | ida Statutes, the<br>s authorized by<br>a Statutes | 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ration submits this statem<br>rd of directors. 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| SIGNATURE _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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I hereby a<br>d when reinstating)<br>ADDITIONS/CHAN |                                     | pose of char<br>pintment as r                            | nging its<br>registers:                        |                                                        |
| SIGNATURE _<br>2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| IGNATURE _  2. ILE  AME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| IGNATURE _  2.  ILLE  AME  IRLE F ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PD<br>SALEM, EI<br>6201 N. FI                                                                                                                                                                                            | OFFICERS AN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| DIGNATURE _  2.  IILE  AME  IREE   ADDRESS  ITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PD<br>SALEM, EI<br>6201 N. FI<br>BOCA RAT                                                                                                                                                                                | OFFICERS AN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Land the fragglicative.  ID DIRECTORS  DE                              | (NOTE ROY                                          | e above-nar<br>the corpora<br>13.<br>1 1 TITLE<br>1.2 NAME<br>1.3 STREET AD<br>1.4 CHY-ST-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | med corporation's boar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | d when reinstating) ADDITIONS/CHAN                                                                 |                                     | pose of char<br>post of char<br>part<br>DATE<br>CERS AND | nging its<br>registerso<br>DIRECTO             | DRS IN 12                                              |
| 2.  ILE  AME  FIRE F ADDRESS  TY-S1-ZIP  TLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PD SALEM, EI 6201 N. FI BOCA RAT                                                                                                                                                                                         | OFFICERS AN<br>OFFICERS AN<br>RIC<br>EDERAL HWY<br>ON FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| 2.  SLE  AME  STY-S1-ZIP  TLE  AME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PD SALEM, EI 6201 N. FI BOCA RAT D SALEM, FI                                                                                                                                                                             | OFFICERS AN  OFFICERS AN  OFFICERS AN  OFFICERS AN  OFFICERS AN  ON FL  ORENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Land the fragglicative.  ID DIRECTORS  DE                              | (NOTE Rog<br>LETE                                  | e above-nar<br>the corpora<br>13.<br>1 1 TITLE<br>1.2 NAME<br>1.3 STREET AD<br>1.4 CHY-SI-2<br>2.1 TITLE<br>2.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | med corporation's boar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | d when reinstating)  ADDITIONS/CHAN                                                                | NGES TO OFFIC                       | DATE CERS AND                                            | nging its<br>registerso<br>DIRECTO             | DRS IN 12                                              |
| IGNATURE _  2.  ILLE  MME  HELF ADDRESS  IY-SI-ZIP  ILLE  MME  REFE ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PD<br>SALEM, EI<br>6201 N. FI<br>BOCA RAT<br>D<br>SALEM, FI<br>6201 N. FI                                                                                                                                                | OFFICERS AN OFFICERS AND OFFICERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Land the fragglicanes.  ID DIRECTORS  DE                               | (NOTE ROS                                          | e above-nar<br>of the corpora<br>13.<br>1 1 HILE<br>1.2 NAME<br>1.3 STREET AD<br>1.4 CHY-ST-2<br>2. 1 HILE<br>2.2 NAME<br>2.3 STREET AD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | med corporation's board                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                                                                                                  | NGES TO OFFIC                       | DATE CERS AND                                            | nging its<br>registerso<br>DIRECTO             | DRS IN 12                                              |
| IGNATURE _  2.  ILLE  IMME  REFFADDRESS  IY-S1-ZIP  ILLE  IMME  REFFADDRESS  IY-S1-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PD SALEM, EI 6201 N. FI BOCA RAT D SALEM, FI                                                                                                                                                                             | OFFICERS AN OFFICERS AND OFFICERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Tand the if applicative.  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| IGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>SALEM, EI<br>6201 N. FI<br>BOCA RAT<br>D<br>SALEM, FI<br>6201 N. FI                                                                                                                                                | OFFICERS AN OFFICE | Land the fragglicanes.  ID DIRECTORS  DE                               | (NOTE ROS                                          | e above-nar<br>of the corpora<br>13.<br>1 1 HILE<br>1.2 NAME<br>1.3 STREET AD<br>1.4 CHY-ST-2<br>2. 1 HILE<br>2.2 NAME<br>2.3 STREET AD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | med corporation's boar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | D  ALGM, FLO SAME                                                                                  | NGES TO OFFIC                       | DATE CERS AND                                            | nging its<br>registerso<br>DIRECTO             | DRS IN 12                                              |
| IGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD SALEM, EI 6201 N. FI BOCA RAT D SALEM, FI 6201 N. FI BOCA RAT T SALEM, RI SALEM, RI SALEM, RI                                                                                                                         | OFFICERS AN OFFICE | Tand the if applicative.  ID DIRECTORS  DE                             | (NOTE ROS) LETE  LETE                              | e above-nar<br>the corpora<br>13.<br>1   TITLE<br>1.2 NAME<br>1.3 STREET AD<br>1.4 CITY-ST-2<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET AD<br>2.4 CITY-ST-2<br>3.1 TITLE<br>3.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | med corporation's boar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | D  ALGM, FLO SAME                                                                                  | NGES TO OFFIC                       | DATE CERS AND                                            | nging its<br>registered<br>DIRECTO<br>Change   | ORS IN 12 Addition Addition                            |
| IGNATURE  2.  ILLE  AME  HELF ADDRESS  TY-SI-ZIP  ILE  AME  HELF ADDRESS  TY-SI-ZIP  ILE  ILLE  ILL | PD SALEM, EI 6201 N. FI BOCA RAT D SALEM, FI 6201 N. FI BOCA RAT T SALEM, RI SALEM, RI SALEM, RI                                                                                                                         | OFFICERS AN OFFICERS AN OFFICERS AN OFFICERS AN OFFICERS AN OFFI ORENCE EDERAL HWY ON FL EDERAL HWY ON FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Tand the if applicative.  ID DIRECTORS  DE                             | (NOTE ROS                                          | e above-nar<br>the corpora<br>13.<br>1   TITLE<br>1.2 NAME<br>1.3 STREET AD<br>1.4 CITY-ST-2<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET AD<br>2.4 CITY-ST-2<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET AD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | med corporation's board                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D<br>ALBM, FLO<br>SAME<br>Relmuter, Rea                                                            | RENCE<br>nee                        | DATE CERS AND                                            | nging its<br>registered<br>DIRECTO<br>Change   | ORS IN 12 Addition Addition                            |
| AME  TY-ST-ZIP  THE FADDRESS  TY-ST-ZIP  THE FADDRESS  TY-ST-ZIP  THE FAME  TY-ST-ZIP  THE FAME  TY-ST-ZIP  THE FAME  TY-ST-ZIP  THE FAME  TY-ST-ZIP  TY-ST-ZIP  TY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PD SALEM, EI 6201 N. FI BOCA RAT T SALEM, RI 6201 N FE BOCA RAT T SALEM, RI 6201 N FE BOCA RAT S                                                                                                                         | OFFICERS AN  OFFIC | Tand the if applicative.  ID DIRECTORS  DE                             | (NOTE ROS                                          | e above-nar<br>the corpora<br>13.<br>1   TITLE<br>1.2 NAME<br>1.3 STREET AD<br>1.4 CITY-ST-2<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET AD<br>2.4 CITY-ST-2<br>3.1 TITLE<br>3.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | med corporation's board                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D  ALGM, FLO SAME                                                                                  | RENCE<br>nee                        | DATE CERS AND                                            | nging its<br>registered<br>DIRECTO<br>Change   | ORS IN 12 Addition Addition                            |
| GNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PD SALEM, EI 6201 N. FI BOCA RAT T SALEM, RI 6201 N FE BOCA RAT T SALEM, RI 6201 N FE BOCA RAT S SALEM, RI | OFFICERS AN OFFICE | Taind the if applicative.  ID DIRECTORS  DE                            | (NOTE ROS                                          | e above-nar<br>the corpora<br>13.<br>1 1 TITLE<br>1.2 NAME<br>1.3 STREET AD<br>1.4 CHY-ST-2<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET AD<br>2.4 CHY-ST-2<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET AD<br>3.4 CHY-ST-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | med corporation's board                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D<br>ALBM, FLO<br>SAME<br>Relmuter, Rea                                                            | RENCE<br>nee                        | DATE CERS AND                                            | nging its registersx  DIRECTO Change           | ORS IN 12 Addition Addition Addition                   |
| 2.  ILLE  AME  IRLE I ADDRESS  ITY-SI-ZIP  ILLE  AME  IRLE I ADDRESS  ITY-SI-ZIP  ILLE  IRLE I ADDRESS  ITY-SI-ZIP  ILLE  IRLE I ADDRESS  ITY-SI-ZIP  ILLE  ITY-SI-ZIP  ILLE  ITY-SI-ZIP  ILLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PD SALEM, EI 6201 N. FI BOCA RAT T SALEM, RE 6201 N FE BOCA RAT T SALEM, RE 6201 N FE BOCA RAT S SALEM, RC 6201 N FE BOCA RAT S                                                                                          | OFFICERS AN  OFFIC | Taind the if applicative.  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| IGNATURE  2.  ILLE  AME  IRLE I ADDRESS  IY-SI-ZIP  ILLE  AME  IY-SI-ZIP  ILLE  IY-SI-ZIP  ILLE  IY-SI-ZIP  ILLE  IME  REEL ADDRESS  IY-SI-ZIP  ILLE  IME  REEL ADDRESS  IY-SI-ZIP  ILLE  IME  IX-SI-ZIP  ILLE  IX-SI-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PD SALEM, EI 6201 N. FI BOCA RAT T SALEM, RI 6201 N FE BOCA RAT T SALEM, RI 6201 N FE BOCA RAT S SALEM, RI | OFFICERS AN  OFFIC | Tand the frags/scares.  ID DIRECTORS  DE                               | (NOTE ROS                                          | e above-nar<br>the corpora<br>13.<br>1 1 TITLE<br>1.2 NAME<br>1.3 STREET AD<br>1.4 CITY-ST-2<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET AD<br>2.4 CITY-ST-2<br>3.2 NAME<br>3.3 STREET AD<br>3.4 CITY-ST-2<br>4.1 TITLE<br>4.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | med corporation's board after required to the property of the  | D<br>ALBM, FLO<br>SAME<br>Relmuter, Rea                                                            | RENCE<br>nee                        | DATE CERS AND                                            | nging its registersx  DIRECTO Change           | ORS IN 12 Addition Addition Addition                   |
| IGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD SALEM, EI 6201 N. FI BOCA RAT T SALEM, RE 6201 N FE BOCA RAT T SALEM, RE 6201 N FE BOCA RAT S SALEM, RC 6201 N FE BOCA RAT S                                                                                          | OFFICERS AN  OFFIC | Taind the if applicative.  ID DIRECTORS  DE                            | (NOTE ROS                                          | e above-nar<br>the corpora<br>13.<br>1 1 TILE<br>1.2 NAME<br>1.3 STREET AD<br>1.4 CITY-SI-2<br>2.1 TILE<br>2.2 NAME<br>2.3 STREET AD<br>2.4 CITY-SI-2<br>3.2 NAME<br>3.2 NAME<br>3.4 CITY-SI-2<br>4.1 TILE<br>4.2 NAME<br>4.3 STREET AD<br>4.4 CITY-SI-2<br>4.1 TILE<br>4.2 NAME<br>4.3 STREET AD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | med corporation's board after required to the property of the  | D<br>ALBM, FLO<br>SAME<br>Relmuter, Rea                                                            | RENCE<br>nee                        | DATE CERS AND                                            | nging its registersx  DIRECTO Change           | ORS IN 12 Addition Addition Addition                   |
| IGNATURE _  2.  ILLE  AME  REFFADDRESS  IY-SI-ZIP  ILE  AME  REFFADDRESS  IY-SI-ZIP  LE  ME  REFFADDRESS  IY-SI-ZIP  LE  ME  ME  ME  ME  ME  ME  ME  ME  ME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PD SALEM, EI 6201 N. FI BOCA RAT T SALEM, RE 6201 N FE BOCA RAT T SALEM, RE 6201 N FE BOCA RAT S SALEM, RC 6201 N FE BOCA RAT S                                                                                          | OFFICERS AN  OFFIC | Tand the frags/scares.  ID DIRECTORS  DE                               | (NOTE Page                                         | e above-nar<br>the corpora<br>13.<br>1 1 TITLE<br>1.2 NAME<br>1.3 STREET AD<br>1.4 CITY-ST-Z<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET AD<br>2.4 CITY-ST-Z<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET AD<br>3.4 CITY-ST-Z<br>4.1 TITLE<br>4.2 NAME<br>4.3 STREET AD<br>4.4 CITY-ST-Z<br>5.1 TITLE<br>5.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | med corporation's board after required to the policy of th | D<br>ALBM, FLO<br>SAME<br>Relmuter, Rea                                                            | RENCE<br>nee                        | DATE CERS AND                                            | nging its registers:  DIRECTO Change:  Change: | DRS IN 12 Addition Addition Addition Addition          |
| IGNATURE _  2.  ILLE  AME  REET ADDRESS  IY-SI-ZIP  ILE  AME  REET ADDRESS  IY-SI-ZIP  LE  ME  REET ADDRESS  IY-SI-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PD SALEM, EI 6201 N. FI BOCA RAT T SALEM, RE 6201 N FE BOCA RAT T SALEM, RE 6201 N FE BOCA RAT S SALEM, RC 6201 N FE BOCA RAT S                                                                                          | OFFICERS AN  OFFIC | Tand the frags/scares.  ID DIRECTORS  DE                               | (NOTE Page                                         | e above-nar the corpora 13.  1 1 TITLE 1.2 NAME 1.3 STREET AD 1.4 CITY-SI-2 2.1 TITLE 2.2 NAME 2.3 STREET AD 3.4 CITY-SI-2 4.1 TITLE 3.2 NAME 4.3 STREET AD 4.4 CITY-SI-2 5.1 TITLE 5.2 NAME 5.3 STREET AD 5.4 STREET AD 5.4 STREET AD 5.5 STREE | ORESS  DRESS  DRESS  DRESS  DRESS  DRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | D<br>ALBM, FLO<br>SAME<br>Relmuter, Rea                                                            | RENCE<br>nee                        | DATE CERS AND                                            | nging its registers:  DIRECTO Change:  Change: | DRS IN 12 Addition Addition Addition Addition          |
| IGNATURE _  2.  ILLE AME REFFADDRESS IY-SI-ZIP ILE AME REFFADDRESS IY-SI-ZIP ILE IME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PD SALEM, EI 6201 N. FI BOCA RAT T SALEM, RE 6201 N FE BOCA RAT T SALEM, RE 6201 N FE BOCA RAT S SALEM, RC 6201 N FE BOCA RAT S                                                                                          | OFFICERS AN  OFFIC | Tand the frags locative.  ID DIRECTORS  DE  DE                         | (NOTE Page                                         | e above-nar<br>113.  1 1 TITLE  1.2 NAME  1.3 STREET AD  1.4 CITY-SI-2  2.1 TITLE  2.2 NAME  2.3 STREET AD  3.4 CITY-SI-2  4.1 TITLE  4.2 NAME  4.3 STREET AD  4.4 CITY-SI-2  5.1 TITLE  5.2 NAME  5.3 STREET AD  5.4 CITY-SI-2  5.1 TITLE  5.2 NAME  5.3 STREET AD  5.4 CITY-SI-2  5.5 TITLE  5.5 NAME  5.5 STREET AD  5.6 CITY-SI-7  5.7 TITLE  5.7 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ORESS  DRESS  DRESS  DRESS  DRESS  DRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | D<br>ALBM, FLO<br>SAME<br>Relmuter, Rea                                                            | RENCE<br>nee                        | DATE CERS AND                                            | nging its registers:  DIRECTO Change:  Change: | DRS IN 12 Addition Addition Addition Addition Addition |
| IGNATURE _  2.  JUE  MME  REFFADDRESS IY-SI-ZIP  LE  ME  REFFADDRESS IY-SI-ZIP  LE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD SALEM, EI 6201 N. FI BOCA RAT T SALEM, RE 6201 N FE BOCA RAT T SALEM, RE 6201 N FE BOCA RAT S SALEM, RC 6201 N FE BOCA RAT S                                                                                          | OFFICERS AN  OFFIC | Tand the frags/scares.  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| IGNATURE  2.  ILLE  AME  IRLE I ADDRESS  IY-SI-ZIP  ILLE  AME  IY-SI-ZIP  ILLE  IME  REEL ADDRESS  IY-SI-ZIP  ILLE  IY-SI-ZIP  ILLE  IME  REEL ADDRESS  IY-SI-ZIP  ILLE  IME  REEL ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PD SALEM, EI 6201 N. FI BOCA RAT T SALEM, RE 6201 N FE BOCA RAT T SALEM, RE 6201 N FE BOCA RAT S SALEM, RC 6201 N FE BOCA RAT S                                                                                          | OFFICERS AN  OFFIC | Tand the frags locative.  ID DIRECTORS  DE  DE                         | (NOTE PAGE LETE  LETE  LETE  LETE                  | e above-nar<br>113.  1 1 TITLE  1.2 NAME  1.3 STREET AD  1.4 CITY-SI-2  2.1 TITLE  2.2 NAME  2.3 STREET AD  3.4 CITY-SI-2  4.1 TITLE  4.2 NAME  4.3 STREET AD  4.4 CITY-SI-2  5.1 TITLE  5.2 NAME  5.3 STREET AD  5.4 CITY-SI-2  5.1 TITLE  5.2 NAME  5.3 STREET AD  5.4 CITY-SI-2  5.5 TITLE  5.5 NAME  5.5 STREET AD  5.6 CITY-SI-7  5.7 TITLE  5.7 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | med corporation's board after required to the policy of th | D<br>ALBM, FLO<br>SAME<br>Relmuter, Rea                                                            | RENCE<br>nee                        | DATE CERS AND                                            | nging its registers:  DIRECTO Change:  Change: | DRS IN 12 Addition Addition Addition Addition Addition |

SIGNATURE:

OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

ERIC Solem 4-24-96 3056210888