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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

Principal Place of Business Mailing Address 2800 BISCAYNE BLVD. SUITE 1100 SUITE 1100 MIAMI FL 33137 MIAMI FL 33137-4538										
S			US	i			 Date Incorporated or Qualified 06/29/1990 		ate of Last F 01/1996	Report
Principal F	lace of Busine	255	2a. 26	Mailing Address			4. FEI Number 65-0200921		/ 	oplied For
Suite, Apt	#, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	ď	\$8.75	Additional equired
City & Sta	te		[27]	City & State			6. Election Campaign Financing			May Be
Zip		Country	28	Zip	Country	v	Trust Fund Contribution 8. This corporation has liability for	intensible	Added	to Fees
		25	29		30		Florida Statutes	Yes	□ No	. 195.032,
		ind Address of C	current Regis	tered Agent	61	Name	10. Name and Address of New Ro	egistered	Agent	
	ITH ESO, LIN MO RISCAYN									
11900 BISCAYNE BLVD. SUITE 200 N. MIAMI FL 33181					82	Street Add	ress (P.O. Box Number is Not Accepta	ible)		
					83					
				•	84	City		FL	85 Zip	Code
Pursuant office or	to the provision	ins of Sections 60	07,0502 and 6 State of Florid	07.1508, Florida Stati	utes, the above	e-named corp y the corpora	poration submits this statement for the tion's board of directors. I hereby acce		f changing i pointment as	ts registere registered
		ins of Sections 60 rit, or both, in the h, and accept the					poration submits this statement for the tion's board of directors. I hereby accelling when reinstating)		f changing i pointment as	ts registerei registered
SNATURE	Signaturé, typed c	r pented name of regist		if applicable (NO	OTE: Registered Ag		· · · · · · · · · · · · · · · · · · ·	purpose o opt the app	D DIRECTO	RS IN 12
GNATURE	Signature, typed o	r pented name of registr OFFICER	orud agent and title	if applicable (NC	OTE: Registered Ag	ent signature requi	ired when reinstating)	purpose o opt the app		RS IN 12
SNATURE E	Signature, typed o	r pented name of registr OFFICER	arud agent and title	if applicable (NO	TE: Registered Ag 13. 1.1 TITLE 1.2 NAME	ent signature requi	ired when reinstating)	purpose o opt the app	D DIRECTO	RS IN 12
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SIGNATURE:

SIGNATURE AND TYPED ON PRINCED NAME OF ENGINE OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Mar 31 1997 8:00am

Secretary of State