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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # L85369

(1)

DADE PROJECT MANAGEMENT, INC.

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Principal Place	e of Business		Mailing Address							- 11									
C/O KUNKEL-WIESE. INC UNIT 6105 F.P.O. AA 34061				C/O KUNKEL-WIESE. INC. UNIT 6105 F.P.O. AA 34061-9105															
US	US							3. Date Incorporated or Qualified 07/05/1990				fied	3a. Date of Last Report						
2. Principal Pi	lace of Business			2a. Mailing Address							4. FEI Number					03/12/1996 Applied For			
	Industr	cea	26 C/o Kunkel-Wiese, Inc.							52-1691569						Not Applicable			
Sulte, Apt.			Suite, Apt. #, etc.								2 105	1003				\$8.75	 -		
22 Lot #6	, Bruja		27 Unit 6105						- 1	5. Ce	rtificate	of Status	s Desired	d 🏻	{ }	Fee R			
City & State			City & State							6. Ele	ction Ca	mpaign	Financir	na		\$5.00	May	Re	
23 Cocoli	, Panama			28 F.P.	.0.	AA							Contribu		-		Added		
Zip		Country	_	Zip				ountry			8. Thi	s corpo	ration ha	s liability	y for inta	angible (ax under s	. 199.	032,
24	25			29 3406		<u></u>	30	v.s	.A.			rida Sta			[X] Y] No		
9. Name and Address of Current Registered Agent											0. Na	me and	Addres	s of Ne	w Regis	tered A	gent		
	IRAS, C.P.A. /							81	Name	•									
	C SE 40TH										P.O. Box Number is Not Acceptable					3)			
MIAI						83	c/o	Cros	sa &	Sue	iras,	CPA	<u>'s_</u>						
								83	770	0 N.	Kan	สธาว	Dris	,	mita	505			[
								84	City	_	ver.	NGTT.	"DT'T?	rer_o	TTLE		85 Zip	Code	
44 0			407.0500					ļ	Mia							FL		3156	
office or re agent. I a	to the provisions egistered agont m familiar with,	or both, and accep	in the State of of the obligation	Florida Su Ins of, Sect	us, Fioria ich chanç ion 607.0	a Statute je was a 505, Flo	os, inc iuthori irida S	above ized by statutes	:-named rithe cor s.	poration'	nion su s boar	d of dire	us stater ectors. I	ment tor hereby a	the purp accept th	ose of he appo	changing i piritment as	is regist	stered ered
SIGNATURE	Signature, typed or p	sintad nacio e	I majete e el canad a	ad tille it accel	-bla	(8)(3)	Desire			e required w						DATE			
12.	organization typical or pr		FICERS AND E			(MC) (I		3.	nt signaturi	e required w			CHANG	ES TO C			DIRECTOR	RS IN	
TITLE	DPT				DE t	E T E		13005		T	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1110110,	011/11/40	10100	21110211		X Change		Addition
NAME	WIESE, JAM	IES .					1.	2 NAME		Wies	e, j	James	зJ.						
STREET ADDRESS	% KUNKEL-		C., UNIT 610	15			1.	3 STREET	ADORESS					#125	7				
CITY-ST-ZIP	FPO AA		.,	•			1.	4 CITY - S	1-2IP	F.P.		AA	3406		•				
TITLE	DVS				DEL	FIE		1 TITLE		1				-			X Change		Addition
NAME	KUNKEL, FF	REDERIC	K G.				2.	2 NAME		Kunk	el,	Free	drick	G.					
STREET ADDRESS			., UNIT 6105	ز			2.	3 STREET	ADDRESS	P.S.	c. :	#61,	Box	#74					
CITY-ST-ZIP	FPOMI AA		•				2.	4 CBY-5	61-ZIP	F.P.	o.	AA	3406	51	1,				
TITLE					DEL .	E1E	3	1 1111.6									Change		Addition
NAME							3.	2 NAME											-
STREET ADDRESS							3.	3 STREET	ADDRESS										1
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NAME							5.	2 NAME		1									
STREET ADDRESS							53	3 STREET	ADDRESS										
CITY-ST-ZIP							5	4 CITY - S	T - ZIP	1									
TITLE					DEL	ETE	6	1 IIILE		1							Change		Addition

64 C(TY - ST - 7)P if filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the ental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that ever or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name flachment with an address. 14. I do hereby certify that the information synthed wi information indicated on this armual repoyl or supplied am an officer or director of the corporation or the appears in Block 12 or Block 13 if charged, or or

63 STREET ADDRESS

FILED

May 14 1997 8:00am

Secretary of State