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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L91195

(2)

MPAB II	NC.				
Procipal Place	e of Business	Mailing Address		T TERMINITUM TOWN THE PERSON FIRM FRIDA IN	ini atate bioti ninin anni atati atati nini 1901
1381 SW 1ST AVE 1381 SW 1ST AVE POMPANO BEACH FL 33060 POMPANO BEACH		1381 SW 1ST AVE POMPANO BEACH FL 33080)-87 0 9		
				3. Date Incorporated or Qualified)
				08/01/1990	08/12/1996
2. Principal Piace of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt #, etc.		65-0208665	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		8. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zφ	Country	Zıp	Country	8. This corporation has liability fo	r intangible tax under s. 199.032,
24	25		30		Yes No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New F	legistered Agent
	'A, MARK		81 Name		
	1 SW 1ST AVE		82 Street Addr	ess (P.O. Box Number is Not Accepta	able)
PON	APANO BEACH FL 33080		63	<u> </u>	
			63		
		•	84 City		85 Zip Code
dd Dawrant	to the provisions of Continue CO7.0	EO2 and CO7 1500 Elected Statute	the above period core	poration submits this statement for the	FL 69 240 Code
office or r	to the provisions of Sections 607,0 egistered agent, or both, in the Sta	suz and 607.1508, Florida Statutes ite of Florida_Such change was at	s, the above-hamed corporations the corporation of	tion's board of directors. Thereby acc	ept the appointment as registered
agent. La	m familiar with, and accept the obl	igations of, Section 607.0505, Flor	ida Statutes.		
SIGNATURE.	Storiature Typest or printed name of registered a	avant and relation arreleable (EOTE:	Registered Agent signature requir	rad when reineration)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	PAPA, MARK		1.2 NAME		
STREET ADDRESS	1381 SW 1ST AVE		1.3 STREET ADDRESS		İ
Ciff+S1-ZiP	POMPANO BEACH FL		1,4 CiTY-ST-ZiP		
1016		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME:			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		{
CHY-SI-7#		T DELETE	2.4 CITY-ST-ZIP		
TITLE		DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME .	·		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	3.4. CITY-ST-ZIP	······································	Change Addition
1 LE 		ניין מניניונ	41 111LE		The Property
NAME			4. 2 NAME		
STREET ACORESS			4.3 STREET ADDRESS		
101Y-S1-2IP		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME		<u></u>	52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY ST-Zer			5.4 CITY-SY-ZIP		}
Tible		DELETE	6.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			6.2 NAME		
SURFET ADDRESS			6.3 STREET ADDRESS		\ \
CITY ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR