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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M01021

(8)

Mailing Address

B. ELIZABETH NELSON, CPA, PA

FILED
Jan 15 1997 8:00am
Secretary of State

Suite Api # rit	18142 SW 97 MIAMI FL 331 US		18142 SW Miami FL : US	97TH AVENUE 33157-5501						
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Selection of Status Desired	2. Principal	Place of Business	2a. Mailing) Address				l .	L	Applied For
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28	Suite, Ap	† #, etc.	······1	Apt. #, etc.				5. Certificate of Status Desired		
25	City & Sta 23	ate	28	State				, ,		
NELSON, BELVA ELIZABETH 9555 SW 181 TERR. MAMI FL 33157 11. Pursuant to the provisions of Socitions to 07 0507 and 057 1508. Floridal Solution change was subtrooked by the corporations submits this statement for the purpose of changing its registered agent, or both in this State of Bloods Solution broad Statutes. The above representative the provisions of Socitions to 07 0507 and 057 1508. Floridal Statutes agent 1 am formfor via unit accord the delegations of Societo 607 0507 Floridal Statutes. SIGNATURE 12. OF FIGURES AND DRIFT CTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DRIFT CTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DRIFT CTORS 11. Pursuant to the provisions to 07 0507 and accord the delegations of Societo 607 0507 Floridal Statutes. 12. OFFICERS AND DRIFT CTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DRIFT CTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DRIFT CTORS 12. THE PROVING PROV	Ζιρ 24	h n	··· 1			У		1		ler s. 199.032,
NELSON, DELYN ELIZABETH SSS SW 181 TEPR. MAMILE				gent				10. Name and Address of New Re	gistered Agent	
NAME			BETH		8.	Nam	e			
11. Pursuant to the provisions of Sceleons 607 0502 and 607 1508 florida Statutes. The above named corporation submits this statement for the purpose of changing its registered office or registrated agent, or both, in this State of Horida Soch change was authorized by the corporation's board of directors. I hereby accept the appropriate agent and familiar with and accept the obligations of Sceleons 607 0505 Florida Statutes. SIGNATURE 12					8:	Stre	et Addre	ess (P.O. Box Number is Not Acceptab	le)	
### City #### City ### City ##	MA	AMI FL 33157								
Pursuant to the percentage of Sections 602 0502 and 607 1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both in the State of Horida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent, or both in the State of Horida Statutes. Signature					6	'				
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Boylas Statutes the above named corporation submits this statement for the purpose of changing its registered office or registered agent and furnition with and accept the obligations of Section 607 0505 Florida Statutes. 12.					84	City			FI 85	Zip Code
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THE		Signature Expedicipantees s		re (NOTE		ent signa	ure require			
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I do hereby certify that the information suppried with this fiting 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 legal effect as if made under oath, that I am an officer or director of the corporation or the necessary or trusted 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.

1/9/97 305-235-208 & Davine Phone *