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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 27 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # M03341

(8)

Principal Place of Business Mailing Address  12500 SW 33ST 12500 SW 33 STREET MIAMI FL 33175 10601 S.W. 47TH TERRACE										
US MIAMI FL 33175 10007 5.47. 47171 TERRINA US US										
		US					3. Date Incorporated or Qualified 07/30/1984		ate of Last F <b>23/1996</b>	Report
2. Principal Pia	acc of Business	2a. Mailir	ng Address				4. FEI Number		A	pplied For
21		26	A 4 4 4				59-2525705			ot Applicable
Suite, Apt #	r, etc	27	, Apt. #, etc.				6. Certificate of Status Desired			Additional equired
City & State		COMPANIES AND ASSESSMENT OF MINISTER PROPERTY.	& State				6. Election Campaign Financing			May Be
23		28					Trust Fund Contribution			to Fees
Zip Country		Zip	Zip Cour				8. This corporation has liability for			s. 199 032,
24	25 9. Name and Address of Curre	29	Anant	30		<del></del>		Yes [		
DAD	RETT, EMORY LEROY	ini negistereo	Ageni		81	Name	10. Name and Address of New Re	gistered	Agent	<del></del>
	1 S.W. 47TH TERRACE			[			***************************************			
MIAN					82	Street Addr	ess (P.O. Box Number is Not Acceptate	ole)		
				1	83	•			······································	····
					84	City			<b>85</b> Zip	Code
				ŀ		•		FL		
11. Pursuant to office or re agent. Fan	n the provisions of Sections 607.05 agistered agent, or both, in the Stat o famil ar with, and accept the oblig	02 and 607 150 e of Florida. Su gations of, Sect	08, Florida Statu ch change was ion 607.0505, Fl	tes, the ab authorized lorida Statu	ove- l by t ites.	-named corp the corporat	oration submits this statement for the plan's board of directors. I hereby acception	ourpose or pt the app	changing i ointment as	its registered registered
SIGNATURE :						<del></del>	***************************************		<u> </u>	
12.	Agriculare, type if or printed name of registered as OFFICERS AN	ND DIRECTORS		13.	Agen	t signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTOR	RS IN 12
TI*Lf	DP	TO CHIL OTOTIC	DELETE	1.1 1111	LE	<del></del>	ADDITIONS OF TAXABLE TO STATE	ZEI 10 AIVE	Change	Addition
NAME	BARRETT, EMORY LEROY			1.2 NA	ME					
STREET ACCRESS	12500 SW 33 STREET			1.3 STA	REET A	adoress				
C(Tr - S2 - 7)P	MIAMI FL			1.4 CIT	Y-ST-	- <b>Z</b> IP				
1071.E	PARRITT FMORY LEGGY		☐ DELETE	2.1 TITE					Change	Addition
NAMÉ	BARRETT, EMORY LEROY 12500 SW 3351			2.2 NA						
STREET ADDRESS	MIAMI FL		,			ADDRESS				
C(1) - S1 - Z(F) 1) 1 E	HIVANI I C		DELETE	2. 4 CH 3.1 TH		I ZIP			Change	Addition
NAME			and sections	3.2 NAM					viidings	C. AOURON
STREET ADDRESS						ADDRESS				
Lity St-ZiP				3.4. C(1						
TITLE			DELETE	4.1 TITE			Name and the beautiful and the		☐ Change	Addition
NAME				4. 2 NA	ME					
STREET ADDRESS				4.3 S18	REE1 A	ADDRESS				
CHY-ST-7IP	and the second s		T be ere	4.4 CIT		- ZIP				
TIME			DELETE	5.1 Tifk					Change	Addition
NAM:				5.2 NAM		IDDDCCC				
STREET ADDRESS			•			ADDRESS				
Crty-St-7IP Title			DELETE	5.4 CHT 6.1 THTL		- LIF			Change	Addition
NAME				6.2 NAM					- viango	tend ( roution)
STREET ADDR: 555				•		ADDRESS				•
City - S1 - ZiP			: <b>f</b> \	6.4 CIT						
14. I do hereby information Lash an off	y certify that the information supplia i indicated on thig agnual report or licer or director on the corporation o i Block 12 or Block 16 if changed, i	supplemental a	annual <b>Nobort is</b> or trusted formory	ify for the e	xem	notion stated	I in Section 119.07(3)(I), Florida Statute my signature shall have the same lega t as required by Chapter 607, Florida S	s. I furthe al effect as Statutes: a	certify that if made un	the ider oath; that