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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 × 1997

SUITE, Apt. #, etc 22 City & State 23 Zip 24 9, Name at FARRA, MIGUEL 2699 S. BAYSHO SUITE 500 MIAMI FL 33133 11. Pursuant to the provision office or registered ager affect of a provision of the provision office or registered ager affect agent learn familiar with. SIGNATURE 12. THUE NAME SIREEL ADDRESS CITY-SI-ZIP MIAMI FL T NAME SIREEL ADDRESS CITY-SI-ZIP MIAMI FL TILE NAME NORRISON SIREEL ADDRESS CITY-SI-ZIP MIAMI FL THUE NAME MORRISON SIREEL ADDRESS CITY-SI-ZIP MIAMI FL	LTANTS, INC.	Mailing Address C/O MIGUEL G. FARR 2699 S. BAYSHORE D MIAMI FL 33133-5421		
SUITE, Apt. #, etc		MINMI FL 9919999461		3. Date Incorporated or Qualified 01/17/1985 3a. Date of Last Report 03/08/1996
Surie, Apt. #, etc 22 City & State 23 Zip 24 9. Name at FARRA, MIGUEL 2699 S. BAYSHO SUITE 500 MIAMI FL 33133 11. Pursuant to the provision office or registered ager agent. Lam familiar with, SIGNATURE SIGNATURE 12. TITLE NAME MORRISON SIREET ADDRESS CITY-S1-ZIP MIAMI FL TILLE NAME SIREET ADDRESS CITY-S1-ZIP MIAMI FL TILLE NAME SIREET ADDRESS CITY-S1-ZIP MIAMI FL TILLE NAME MORRISON SIREET ADDRESS CITY-S1-ZIP MIAMI FL TITLE NAME MORRISON SIREET ADDRESS CITY-S1-ZIP MIAMI FL TITLE NAME NORRISON SIREET ADDRESS CITY-S1-ZIP MIAMI FL TITLE NAME NORRISON SIREET ADDRESS CITY-S1-ZIP MIAMI FL TITLE NAME NORRISON SIREET ADDRESS CITY-S1-ZIP MIAMI FL MORRISON SIREET ADDRESS CITY-S1-ZIP MIAMI FL MORRISON SIREET ADDRESS CITY-S1-ZIP MIAMI FL	2. Principal Place of Business			4. FEI Number Applied For
23 Zip		26		59-2724230 Not Applicable
ZIP ZIP 24 9. Name at FARRA, MIGUEL 2699 S. BAYSHO SUITE 500 MIAMI FL 33133 11. Pursuant to the provision office or registered ager agent. Lam familiar with, SIGNATURE SIGNATURE THEE PMORRISON SIREEL ADDRESS CITY-S1-ZIP MAMI FL THLE AV NAME MORRISON SIREEL ADDRESS CITY-S1-ZIP MIAMI FL TILLE NAME NORRISON SIREEL ADDRESS CITY-S1-ZIP MIAMI FL MORRISON SIREEL ADDRESS CITY-S1-ZIP MIAMI FL		Suite, Apt. #, etc.		5. Certificate of Status Desired See Required
71p 24 9. Name at FARRA, MIGUEL 2699 S. BAYSHO SUITE 500 MIAMI FL 33133 11. Pursuant to the provision office or registered ager agent 1 am familiar with SIGNATURE SIGNATURE SIGNATURE NAME MORRISON 2699 S. BAYSHO MIAMI FL AV MORRISON SIREET ADDRESS CITY-ST-ZIP MIAMI FL T MAME MORRISON SIREET ADDRESS CITY-ST-ZIP MIAMI FL T MAME SIREET ADDRESS CITY-ST-ZIP MIAMI FL T MAME SIREET ADDRESS CITY-ST-ZIP MIAMI FL TILLE VS MORRISON SIREET ADDRESS CITY-ST-ZIP MIAMI FL MORRISON SIREET ADDRESS CITY-ST-ZIP MIAMI FL MORRISON SIREET ADDRESS CITY-ST-ZIP MIAMI FL		City & State		Election Campaign Financing \$5.00 May Be
PARRA, MIGUEL 2699 S. BAYSHO SUITE 500 MIAMI FL 33133 11. Pursuant to the provision office or registered ager agent I am familiar with. SIGNATURE SIGNATURE NAME NAME SIREELADDRESS CHY-SI-ZIP TITLE NAME SIREELADDRESS CHY-SI-ZIP TITLE NAME SIREELADDRESS CHY-SI-ZIP TITLE NAME SIREELADDRESS CHY-SI-ZIP TITLE NAME MORRISON 2699 S. BA MIAMI FL T NAME MORRISON 2699 S. BA MIAMI FL T NAME MORRISON 2699 S. BA MIAMI FL T NAME NORRISON 2699 S. BA MIAMI FL T NAME NORRISON SIREELADDRESS CHY-SI-ZIP MIAMI FL T MORRISON SIREELADDRESS CHY-SI-ZIP MIAMI FL T MORRISON SIREELADDRESS CHY-SI-ZIP MIAMI FL		28		Trust Fund Contribution
FARRA, MIGUEL 2699 S. BAYSHO SUITE 500 MIAMI FL 33133 11. Pursuant to the provision office or registered agent agent I am familiar with SIGNATURE THEE NAME SIRELADORESS CITY-S1-ZIP HILE NAME STREET ADDRESS CITY-S1-ZIP MIAMI FL	Country	Zip	Country	This corporation has liability for intangible tax under s. 199.032, Florida Statutes No No
FARRA, MIGUEL 2699 S. BAYSHO SUITE 500 MIAMI FL 33133 11. Pursuant to the provision office or registered ager agent I am familiar with. SIGNATURE Signature typed oc. 12. THEE PMORRISON SIREELADORESS CITY-S1-ZIP MIAMI FL TILE AV MORRISON SIREELADORESS CITY-S1-ZIP MIAMI FL TILE T MORRISON SIREELADORESS CITY-S1-ZIP MIAMI FL VS SIREELADORESS CITY-S1-ZIP MIAMI FL TILE VS NAME MORRISON SIREELADORESS CITY-S1-ZIP MIAMI FL TILE VS NAME MORRISON SIREELADORESS CITY-S1-ZIP MIAMI FL	1	29 ent Registered Agent	[30]	10. Name and Address of New Registered Agent
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL T NAME MORRISON 2699 S. BA MIAMI FL VS NAME STREET ADDRESS CITY-ST-ZIP NAME MORRISON 2699 S. BA MIAMI FL VS MORRISON 2699 S. BA MIAMI FL MORRISON 2699 S. BA MIAMI FL	3	502 and 607.1508, Florida St te of Florida. Such change w gations of, Section 607.0505	83 6ity	reet Address (P.O. Box Number is Not Acceptable) ty med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
THEE NAME MORRISON 2699 S. BAMAME AV MORRISON 2699 S. BAMAME AV MORRISON 2699 S. BAMAMI FL T MAME MORRISON 2699 S. BAMAMI FL T MAME STREET ADDRESS 2699 S. BAMAMI FL T MORRISON 2699 S. BAMAMI FL T MORRISON 2699 S. BAMAMI FL MORRISON 2699 S. BAMAMI FL MAME MORRISON 2699 S. BAMAMI FL	or printed name of registered a	agent and title if applicable	(NOTE: Registered Agent signs	nature required when reinstating) DATE
NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP TITLE NAME NAME NORRISON STREET ADDRESS CITY-ST-2IP TITLE NAME NORRISON STREET ADDRESS CITY-ST-2IP NORRISON STREET ADDRESS CITY-ST-2IP MIAMI FL MORRISON STREET ADDRESS CITY-ST-2IP MIAMI FL	OFFICERS AI	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE AV MORRISON STREET ADDRESS CITY - ST - ZIP MIAMI FL TITLE VS MORRISON STREET ADDRESS CITY - ST - ZIP MORRISON STREET ADDRESS CITY - ST - ZIP MIAMI FL TITLE VS MORRISON STREET ADDRESS CITY - ST - ZIP MIAMI FL	N, THOMAS O. NAYSHORE DR.	T DEFEIE	1.1 TITLE 1.2 NAME 1.3 STREET ADORES 1.4 CITY-ST-ZIP	PLESS .
THE TOWNS OF THE PROPERTY OF T	N, JANE L. IAYSHORE DR.	[] DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRES	Change Addition
STREET ADDRESS 2699 S. BA		DELETE	2. 4 CITY-ST-ZIP 3 1 TITLE	P Change Addition
NAME MORRISON 2699 S. BA	n, tedmund Iayshore Dr.		3.2 NAME 3.3 STREET ADORES 3.4. CITY - ST- ZIP	Y .
	N, TIMOTHY IAYSHORE DR.	☐ DELETE	4.1 TITLE 4. 2 Name 4.3 Street addres	Change Addition
THE NAME STREET ADORESS		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRE	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	5.4 CITY - ST - ZIP 6.1 YITLE	Change Addition

14. If 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 legal 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.

SIGNATURE:

SHANTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/97 305-662-8386 Dayling Phone #

FILED

May 02 1997 8:00am

Secretary of State