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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANNI	UAL REPORT 1997		Secretary of State DIVISION OF CORPORATIONS		Secretary of State			
i i, componanc	MENT # M		(0)				I BYGN GYEN ENEN GNEN ENEN	if Billin iaan
Principal Place of Business  7740 SW 104 ST SUITE 200 MIAMI FL 33156		7 S	Mailing Address 7740 SW 104 ST SUITE 200 MIAMI FL 33156-3149					
	Place of Business	24	. Mailing Address			3. Date incorporated or Qualified 06/19/1985 4. FEI Number	3a. Date of Last f 04/29/1996	Report
21	RECO DESIDENT	26	. waning Address			59-2557394	} <b>-</b>	ot Applicable
Suite Apr	# eta.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired	,	Additional Required
City & Sta	te		City & State			6. Election Campaign Financing		May Be
<b>[23</b> ]	Country		Zip Country			Trust Fund Contribution  8. This corporation has liability for		s 199 032
24	25	29				8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes S No		
	9, Name and Addre	ss of Current Regi	stered Agent	0.1	Lalens	10. Name and Address of New Re	gistered Agent	
DORSY, CLAUDE								
7740 SW 104TH ST 62 5					Street Add	dress (P.O. Box Number is Not Acceptal	ole)	
	MI FL 33156			. 83	i			
				84	City		65 Zip	Code
					***		FLI	
office or agent. La	registered agent, or both am familiar with, and acc	i, in the State of Flor ept the obligations o	ida Such change was of, Section 607.0505, F	authorized b lorida Statute	y the corpora s.	poration submits this statement for the pation's board of directors. I hereby acce	pt the appointment a	s registered
	Styration, typed or perbain and				ent signature requ	uired when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE	DC IV. 10
12.	PDS	FFICERS AND DIRE	DELETE	13.	<del></del> -	ADDITIONS/CHANGES TO OFFIC	Change	
NAME	DORSY, CLAUDE		<del></del>	1.2 NAME	1		·	
STHEFT ADDRESS	7740 SW 104 ST #	200		1.3 STREE	T ADDRESS			
CHY-S1 7P	MIAMI FL			1.4 CITY-	ST - ZIP			
TOLE			L DELETE	2.1 TITLE	ļ		L Change	Addition
NAME STREET ADDRESS				2.2 NAME	T ADDRESS			
CHY+SI+ZIP				2.4 City-			eta .	
THE			DELETE	3.1 TITLE			Change	Addition
NAME				3.2 NAME		'		
STREET ADDRESS					1 ADDRESS			
CITY ST-7P			DELETE	3.4 CITY-	ST-ZIP		Change	Addition
HAMI NAMI			L.J tatta	4 1 TITLE 4 2 NAME			change	Adomon .
STREET ADDRESS					T ADDRESS		•	
CHY-ST Zer				44 CHY-	ı			
TITLE			DELETE	5.1 TITLE	:	1	Change	Addition
NAME				5.2 NAME	.			
STEEL ADORESS					T ADDRESS			
CHT ST-ZIP			DELETE	5.4 CITY -	ST-ZIP		Change	Addition
TOTAL F NAME			ב סגננונ	6.1 TITLE 6.2 NAME			mi oranila	L Addition
E LOCAL E MANAGE CA				ľ	T ADDRESS			

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Claude Dorsy

April 21, 1997 (305) 666-5588

**FILED** 

Apr 21 1997 8:00am