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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # M20821

(8)

FILED Apr 01 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address							**************************************	D1 #501(#146	Brights Magaza ala	ite 61841 1981
14415 S. DIXIE HWY. 14415 S. DIXIE HWY. MIAMI FL 33176 MIAMI FL 33176-7824										
)
							3. Date Incorporated or Qualified	3a. Da	ate of Last	Report
							09/19/1985	03/	12/1996	
2. Principal Place of Business			2a. Mailing	2a. Mailing Address			4. FEI Number			Applied For
21			26				59-2585702		T	Not Applicable
Suite, Apt	l. #. etc.		Suite, A	vpt. #, etc.			5. Certificate of Status Desired			Additional
22			27				5. Commode a state position		Fee F	Pequired
City & Sta	ite		City & 5	State			6. Election Campaign Financing	r		О Мау Ве
23		Classical Control	28		Country		Trust Fund Contribution			d to Fees
Zip 771	}	Country	Zip		Country	y	8. This corporation has liability for	r intangible □ Yes [s. 199.032,
24		25	29 rrent Registered Ag	nant	30		Florida Statutes 10. Name and Address of New R			
CA	LEHI, HAMID		Holt Hallatored A	JO111	81	Name	10, Namo and Marioss of Not I	ogioioi ou i	- NOIN	.,
	415 S. DIXIE						***************************************			
17	TIO O. DIME	1,11711			82 Street Add		iress (P.O. Box Number is Not Accepta	able)		•
, Miami Fl 33176					83	f		,,		
1110	AND I E COLL	•			<u> </u>					
•					84	City		FL	85 Zir	Code
12.	PD	OFFICERS	diagoni and title if applicable ANIO CUDE CEODO	1,462			itad when reinslating)	DATE		
NAME	1			DELETE	13.	en signature rector	red when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	****	
THE STATE	I SALEHLI	HAMID		DELETE	13. 1.1 TITLE	er. signature reson			DIRECTO Change	
STREET AFFORESS	SALEHI, I 7745 S.W			☐ DELETE	13. 1.1 TITLE 1.2 NAME				****	
STREET ADORESS	7745 S.W	.86 ST.,#D413		DELETE	13. 1.3 TITLE 1.2 NAME 1.3 STREE	T ADDRESS			****	
STREET ADORESS CITY-ST-7/2 TITLE	7745 A IL	.86 ST.,#D413		DELETE	13. 1.1 TITLE 1.2 NAME	T ADDRESS			****	Addition
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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

IGNATURE AND TYPED OF PHINTED NAME OF BIOMOR OFFICER OR DIRECTOR

3/14/97 (305)25.