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

PROFIT CORPORATION ANNUAL REPORT

1997

PETER MANDEL, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(2)

DOCUMENT # M26393

FILED

Jan 29 1997 8:00am

Secretary of State

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Principal Place		Mailing Address				A CANADA IN CITIE BACK MAD IN THE IN	. 41811 414 11 4		R
1855 GRIFFIN ROAD 1855 GRIFFIN ROAD SUITE A-366 SUITE A-366						1			
DANIA FL 33004		DANIA FL 33004-2240							
US		US				3. Date Incorporated or Qualified			teport
2. Principal Pla	ice of Business	2a. Mailing Address		_		4. FEI Number			ppli ed For
21		26				59-2654273		No	ot Applicable
Suite, Apt #	r, etc	Suite, Apt, #. etc.	├ ¬ '			5. Certificate of Status Desired See Require			
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zφ	Cou	ntry	1	8. This corporation has liability for			. 199.032
24	25	29	30				Yes [
	9. Name and Address of Cur	rent Registered Agent		81		10. Name and Address of New R	egistered	Agent	
	EL, PETER			81	Name				
	GRIFFIN ROAD			82 Street Add		fress (P.O. Box Number is Not Accepta	able)		
	: A-366 \ FL 33004			83	<u> </u>				
DAIN	(TE 33004								
				84	City		FL	85 Zip	Code
11. Pursuant to	the provisions of Sections 607.0	0502 and 607.1508, Florida Statut	les, the al	bove	e-named cor	poration submits this statement for the ation's board of directors. I hereby according to the control of the co	purpose o	changing i	ts registered
office or re agent it am	gistered agent, or both, in the St rifamiliar with, and accept the op-	ate of Florida. Such change was a Digations of, Section 607.0505, Fl	autnor⊧ze⊧ orida Stat	a Dy Lutes	y the corpora s.	ation's board or directors. I hereby acci	ept the app	ointment as	registered
SIGNATURE _	·								
ξ.	algorative, typied or printed name of regreeced			d Age	ant signature requ	ired when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS ANI		
	PD	DELETE	1.1 71					Change	Addition
	MANDEL, PETER 1965 LAKEPOINT DR		1.2 N/						
	FT. LAUDERDALE FL				T AODRESS				
	FI. LAUDENDALE FL	DELETE			ST-ZIP			Change	Addition
TITLE		C) percie	2.1 TO		}			TT cusults	L Addition
NAME:			2.2 N/			•			}
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City - St - 7IP	, , , , , , , , , , , , , , , , , , ,	l or ere			ST-ZIP			Change	Addition
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NAMÉ			3.2 N						
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NAME			4 2 N						
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NAME			52 N						:
- STREET ADDRESS					T ADDRESS				
CITY- ST-ZIP					ST-ZIP			L C:	a and
TIFLE		DELETE	61 TI					Change	Addition
NAME			6.2 N/	AME					
STREET ADDRESS			6.3 ST	TREET	T ADDRESS				
CITY ST. 76			640	TY-S	ST - 7/P				

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 and cated on this annual operation 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 composition or the receiver or trustee empowered to execute this report as required by Ctrapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if shanded or of an attachment with the address.

SIGNATURE: