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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08 1997 8:00am
Secretary of State

Principal Place of Business  8560 DORAL BLVD. MIAMI FL 33178  (9)  Mailing Address  8560 DORAL BLVD. MIAMI FL 33178								
					3. Date Incorporated or Qualified 06/05/1986		e of Last R 29/1996	leport
—·,	Place of Business	2a. Mailing Address			4. FEI Number 59-2680655		——————————————————————————————————————	oplied For
21 Suite, Apt.	. #, elc	Suite, Apt. #, etc.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5. Certificate of Status Desired		\$8.75	
22 City & Stat	le	City & State	<del></del>	<del></del>	6. Election Campaign Financing			equired May Be
23 Zip	Country	<b>28</b> Zip	Country		Trust Fund Contribution		Added	to Fees
24	25	29	30			Yes 🗀	] No	. 199.032,
	9. Name and Address of Curr	rent Registered Agent		·····	10. Name and Address of New Re	gistered A	gent	
	PRWITZ, STEPHEN		81	Name				
10605 SW 129 TERRACE			82	Street Add	ess (P.O. Box Number is Not Acceptable)			
MIA	AMI FL 33176		83	ļ				
			63	l				
			84	City		FL	85 Zip	Code
agent. La	am familiar with, and accept the obl	ligations of Section 607.0505, F	autnorizea b Florida Statute	y tne corpora s.	ation's board of directors. I hereby accep	ot the appo	ATTITION LOS	To grotor o a
agent. La SIGNATURE 12.	Stgradure, typical or printed name of registered	agent and fille if applicable (NC	DTE: Registered Ag		rporation submits this statement for the p ation's board of directors. I hereby accep uired when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE	DIRECTOR	RS IN 12
SIGNATURE  12.  Title	Signature, typed or protect name of organized OFFICERS A	agent and little if applicable (NC	DTE: Registered Ag 13. 1.1 TITLE		uired when reinstating)	DATE		
SIGNATURE  12.  HELE  MAVE	Signature, type-d or printed name of registered OFFICERS A DP HORWITZ, STEPHEN W.	agent and fille if applicable (NC	13. 1.1 THLE	ent signature raqi	uired when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE  12.  1004  MAVE  STREET ADDRESS	Signature, typed or printed name of registered OFFICERS A OFFICERS A HORWITZ, STEPHEN W. 10605 SW 129 TERRACE	agent and fille if applicable (NC	DTE Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature requ	uired when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE  12.  THUE  NAME  STREET ADDRESS  CHY-SI-Ze:	Signature, type-d or printed name of registered OFFICERS A DP HORWITZ, STEPHEN W.	agent and fills if applicable (NC AND DIRECTORS  DELETE	13. 1.1 THLE 1.2 NAME 1.3 STREE	ent signature requ	uired when reinstating)	DATE CERS AND	DIRECTOP Change	RS IN 12
SIGNATURE  12.  1004  MAVE  STREET ADDRESS	Signature, typed or printed name of registered OFFICERS A OFFICERS A HORWITZ, STEPHEN W. 10605 SW 129 TERRACE	agent and fille if applicable (NC	DTE Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature requ	uired when reinstating)	DATE CERS AND	DIRECTOR	RS IN 12
SIGNATURE  12.  HILF  MAVE  STREET ADDRESS  CHY-SI-Zar  THEE	OFFICERS A  OFFICERS A  DP  HORWITZ, STEPHEN W.  10805 SW 129 TERRACE MIAMI FL	agent and fills if applicable (NC AND DIRECTORS  DELETE	13. 1.1 TILE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TILE 2.2 NAME	ent signature requ	uired when reinstating)	DATE CERS AND	DIRECTOP Change	RS IN 12
SIGNATURE  12.  THEF  MAVE  STREET ADDRESS  CITY-SI-Zar  THEE  NAME	OFFICERS A  OFFICERS A  DP  HORWITZ, STEPHEN W.  10805 SW 129 TERRACE MIAMI FL	agent and fills if applicable (NC AND DIRECTORS  DELETE	13. 1.1 TILE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TILE 2.2 NAME	ent signature requirement signature requirement signature requirement for ADDRESS	uired when reinstating)	DATE CERS AND	DIRECTOP Change	RS IN 12
SIGNATURE  12.  THE MAYE STREET ADDRESS CITY-SI-Zar THE NAME STREET ADDRESS	OFFICERS A  OFFICERS A  DP  HORWITZ, STEPHEN W.  10805 SW 129 TERRACE MIAMI FL	agent and fills if applicable (NC AND DIRECTORS  DELETE	13. 1.1 THLE 1.2 NAME 1.3 STREE 1.4 CHY- 2.1 THLE 2.2 NAME 2.3 STREE	ent signature requirement signature requirement signature requirement for ADDRESS	uired when reinstating)	DATE CERS AND	DIRECTOP Change	RS IN 12
SIGNATURE  12.  TIPLE NAVE STREET ADDRESS CITY-SI-Zer TIPLE NAME SURFET ADDRESS CITY-SI-ZIP TIPLE NAME	OFFICERS A  OFFICERS A  OFFICERS A  OFFICERS A  INCOME. STEPHEN W.  10605 SW 129 TERRACE  MIAMI FL	agent and fille if applicable (NCAND DIRECTORS DELETE	13. 1.1 THLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 THLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 THLE 3.2 NAME	ent signature requirement signature requirement of ADDRESS ST-ZIP	uired when reinstating)	DATE CERS AND	DIRECTOR Change Change	RS IN 12 Addition Addition
SEGNATURE  12.  THEF  NAME  STREET ADDRESS  CITY-SE-ZE'  THEE  NAME  SEREET ADDRESS  CITY-SE-ZIP  THEE  NAMI  STREET ADDRESS	OFFICERS A  OFFICERS A  OFFICERS A  OFFICERS A  INCOME. STEPHEN W.  10605 SW 129 TERRACE  MIAMI FL	agent and fille if applicable (NCAND DIRECTORS DELETE	13. 1.1 THLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 THLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 THLE 3.2 NAME 3.3 STREE	ont signature requirement signature requirement of ADDRESS ST-ZIP  I ADDRESS ST-ZIP I ADDRESS ST-ZIP	uired when reinstating)	DATE CERS AND	DIRECTOR Change Change	RS IN 12 Addition Addition
SEGNATURE  12.  TRUE  NAVE  STREET ADDRESS  CITY-SE-ZE*  TRUE  NAME  SURFET ADDRESS  CITY-SE-ZIP  TRUE  NAMI  STREET ADDRESS  CITY-SE-ZIP  TRUE  NAMI  STREET ADDRESS  CITY-SE-ZIP	OFFICERS A  OFFICERS A  OFFICERS A  OFFICERS A  INCOME. STEPHEN W.  10605 SW 129 TERRACE  MIAMI FL	agent and falls if applicable (NC AND DIRECTORS DELETE DELETE	13. 1.1 THLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 THLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 THLE 3.2 NAME 3.3 STREE 3.4 CITY- 3.4 CITY- 3.4 CITY- 3.4 CITY- 3.5 TREE 3.4 CITY- 3.4 CITY- 3.4 CITY-	ont signature requirement signature requirement of ADDRESS ST-ZIP  I ADDRESS ST-ZIP I ADDRESS ST-ZIP	uired when reinstating)	DATE CERS AND	DIRECTOR Change Change	Addition  Addition
SEGNATURE  12.  TRUE  NAME  STREET ADDRESS  CITY-SE-Zer  TITLE  NAME  STREET ADDRESS  CITY-SE-ZIP  TRUE  NAMI  STREET ADDRESS  CITY-SE-ZIP  TRUE  NAMI  STREET ADDRESS  CITY-SE-ZIP  TRUE	OFFICERS A  OFFICERS A  OFFICERS A  OFFICERS A  INCOME. STEPHEN W.  10605 SW 129 TERRACE  MIAMI FL	agent and fille if applicable (NCAND DIRECTORS DELETE	13. 1.1 THLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 THLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 THLE 3.2 NAME 3.3 STREE 3.4 CITY-4.1 THLE	ont signature requirement signature requirement signature requirement of ADDRESS ST-ZIP  I ADDRESS ST-ZIP  I ADDRESS ST-ZIP	uired when reinstating)	DATE CERS AND	DIRECTOR Change Change	RS IN 12 Addition Addition
SIGNATURE  12.  THE MAVE STREET ADDRESS CITY-ST-Zer THE NAME STREET ADDRESS CITY-ST-ZIP THE NAMI STREET ADDRESS CITY-ST-ZIP THE NAMI STREET ADDRESS CITY-ST-ZIP THE NAMI	Signature, typed or professional of registered OFFICERS A DP HORWITZ, STEPHEN W. 10805 SW 129 TERRACE MIAMI FL	agent and falls if applicable (NC AND DIRECTORS DELETE DELETE	13. 1.1 THE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 THE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 THE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 THE 4.2 NAME	I ADDRESS SI-ZIP I ADDRESS SI-ZIP I ADDRESS SI-ZIP	uired when reinstating)	DATE CERS AND	DIRECTOR Change Change	Addition  Addition
SIGNATURE  12.  IIILE MAVE STREET ADDRESS CITY-SI-ZEP TITLE NAME STREET ADDRESS CITY-SI-ZEP TITLE NAMI STREET ADDRESS CITY-SI-ZEP TITLE NAMI STREET ADDRESS STREET ADDRESS	Signature, typed or professional of registered OFFICERS A DP HORWITZ, STEPHEN W. 10805 SW 129 TERRACE MIAMI FL	agent and falls if applicable (NC AND DIRECTORS DELETE DELETE	13. 1.1 THLE 1.2 NAME 1.3 STREE 1.4 CHY-5 2.1 THLE 2.2 NAME 2.3 STREE 2.4 CHY- 3.1 THLE 3.2 NAME 3.3 STREE 3.4 CHY- 4.1 THLE 4.2 NAME 4.3 STREE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS S1-ZIP T ADDRESS S1-ZIP	uired when reinstating)	DATE CERS AND	DIRECTOR Change Change	Addition  Addition
SIGNATURE  12.  THE  MAVE  STREET ADDRESS  CHY-ST-Zer  THE  NAME  SUREET ADDRESS  CHY-ST-ZIP  THE  NAMI  STREET ADDRESS  CHY-ST-ZIP  THE  NAMI  STREET ADDRESS  CHY-ST-ZIP  THE  NAMI	Signature, typed or professional of registered OFFICERS A DP HORWITZ, STEPHEN W. 10805 SW 129 TERRACE MIAMI FL	agent and falls if applicable (NC AND DIRECTORS DELETE DELETE	13. 1.1 THE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 THE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 THE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 THE 4.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS S1-ZIP T ADDRESS S1-ZIP	uired when reinstating)	DATE EERS AND	DIRECTOR Change Change	Addition  Addition
SIGNATURE  12.  THE MAVE STREET ADDRESS CITY-SI-ZEP THE NAME STREET ADDRESS CITY-SI-ZEP THE NAMI STREET ADDRESS CITY-SI-ZEP THE NAMI STREET ADDRESS CITY-SI-ZEP	Signature, typed or professional of registered OFFICERS A DP HORWITZ, STEPHEN W. 10805 SW 129 TERRACE MIAMI FL	agent and fille if applicable (NO AND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 THLE 1.2 NAME 1.3 STREE 1.4 CHY-5 2.1 THLE 2.2 NAME 2.3 STREE 2.4 CHY- 3.1 THLE 3.2 NAME 3.3 STREE 3.4 CHY- 4.1 THLE 4.2 NAME 4.3 STREE 4.4 CHY-	T ADDRESS ST-ZIP  I ADDRESS ST-ZIP  I ADDRESS ST-ZIP  I ADDRESS ST-ZIP	uired when reinstating)	DATE EERS AND	DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE  12.  THE  NAVE  STREET ADDRESS  CITY-SI-Ze*  THE  NAME  STREET ADDRESS  CITY-SI-ZIP  THE  NAMI  STREET ADDRESS  CITY-SI-ZIP  THE  NAMI  STREET ADDRESS  CITY-SI-ZIP  THE  STREET ADDRESS  CITY-SI-ZIP  THE  STREET ADDRESS  CITY-SI-ZIP  THE  THE  THE  THE  THE  THE  THE  TH	Stipcature, typical or printed name of registered OFFICERS A  DP HORWITZ, STEPHEN W. 10805 SW 129 TERRACE MIAMI FL	agent and fille if applicable (NO AND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 THLE 1.2 NAME 1.3 STREE 1.4 CHY- 2.1 THLE 2.2 NAME 2.3 STREE 2.4 CHY- 3.1 THLE 3.2 NAME 3.3 STREE 3.4 CHY- 4.1 THLE 4.2 NAME 4.3 STREE 4.4 CHY- 5.1 THLE 5.2 NAME	T ADDRESS ST-ZIP  I ADDRESS ST-ZIP  I ADDRESS ST-ZIP  I ADDRESS ST-ZIP	uired when reinstating)	DATE EERS AND	DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE  12.  THE  MAVE STREET ADDRESS CITY-SI-ZEP THEE NAME STREET ADDRESS CITY-SI-ZEP THEE NAMI	Stipcature, typical or printed name of registered OFFICERS A  DP HORWITZ, STEPHEN W. 10805 SW 129 TERRACE MIAMI FL	agent and title it applicable (INCAND DIRECTORS DELETE  DELETE  DELETE  DELETE	13. 1.1 THLE 1.2 NAME 1.3 STREE 1.4 CHY- 2.1 THLE 2.2 NAME 2.3 STREE 2.4 CHY- 3.1 THLE 3.2 NAME 3.3 STREE 3.4 CHY- 4.1 THLE 4.2 NAME 4.3 STREE 4.4 CHY- 5.1 THLE 5.2 NAME	T ADDRESS ST-ZIP	uired when reinstating)	DATE DERS AND	DIRECTOF Change Change Change Change	Addition  Addition  Addition  Addition
SIGNATURE  12.  THE  MAVE STREET ADDRESS CITY-SI-ZEP THE  NAME SIRRET ADDRESS CITY-SI-ZEP THE  NAMI STREET ADDRESS	Stipcature, typical or printed name of registered OFFICERS A  DP HORWITZ, STEPHEN W. 10805 SW 129 TERRACE MIAMI FL	agent and fille if applicable (NO AND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 THE 1.2 NAME 1.3 STREE 1.4 CHY-1 2.1 THE 2.2 NAME 2.3 STREE 2.4 CHY-1 3.1 THE 3.2 NAME 3.3 STREE 3.4 CHY-1 4.1 THE 4.2 NAME 4.3 STREE 4.4 CHY-1 5.1 THE 5.2 NAME 5.3 STREE	T ADDRESS ST-ZIP	uired when reinstating)	DATE DERS AND	DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE  12.  THE  MAVE STREET ADDRESS CITY-SI-ZEP THEE NAME STREET ADDRESS CITY-SI-ZEP THEE NAMI STREET ADDRESS CITY-SI-ZEP THEE NAME SIMEET ADDRESS CITY-SI-ZEP	Stipcature, typical or printed name of registered OFFICERS A  DP HORWITZ, STEPHEN W. 10805 SW 129 TERRACE MIAMI FL	agent and title it applicable (INCAND DIRECTORS DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-3 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-4 1.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-6 6.1 TITLE 6.2 NAME	T ADDRESS ST-ZIP	uired when reinstating)	DATE DERS AND	DIRECTOF Change Change Change Change	Addition  Addition  Addition  Addition
SIGNATURE  12.  THE MAYE STREET ADDRESS CITY-SI-ZEP THE NAME STREET ADDRESS CITY-SI-ZEP THE NAMI STREET ADDRESS CITY-SI-ZEP THE NAMI STREET ADDRESS CITY-SI-ZEP THE NAMI STREET ADDRESS CITY-SI-ZEP THE NAME STREET ADDRESS CITY-SI-ZEP THE NAME SIREET ADDRESS CITY-SI-ZEP THEE	Stipcature, typical or printed name of registered OFFICERS A DP HORWITZ, STEPHEN W. 10805 SW 129 TERRACE MIAMI FL	agent and title it applicable (INCAND DIRECTORS DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-3 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-4 1.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-6 6.1 TITLE 6.2 NAME	T ADDRESS ST-ZIP	uired when reinstating)	DATE DERS AND	DIRECTOF Change Change Change Change	Addition  Addition  Addition  Addition

4. I do hereby definy that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplier/ental 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 12 or block 13 or changed, or on an attachment with an address.

SIGNATURE:

SENING OFFICER OR DIRECTOR

X301. 477-79W

PTIONE II