

FILED



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

May 09 1997 8:00am
Secretary of State

[illegible]

Mailing Address
7901 SW 67TH AVE., SUITE 100
SOUTH MIAMI FL 33143-4598

3. Date Incorporated or Qualified 06/26/1986		3a. Date of Last Report 05/01/1996	
4. FET Number 59-2699238		Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.
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26	Suite, Apt. #, etc.
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22 City & State

27	City & State
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23	Zip	Country
24		25

28	Zip	Country
29		30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILNER, BRUCE
7901 LUDLAM RD.
SUITE 100
SOUTH MIAMI FL 33143

81 Name: _____

82	Street Address (P.O. Box Number is Not Acceptable)
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83

84	City
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FL	85	Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRIS, LARRY	
STREET ADDRESS	7801 LUDLAM RD.	
CITY - ST - ZIP	S.MIAMI FL	

TITLE	EXVP	<input type="checkbox"/> DELETE
NAME	WILNER, BRUCE S.	
STREET ADDRESS	7001 LUDLAM ROAD	
CITY - ST - ZIP	S. MIAMI FL	

TITLE	VP	<input type="checkbox"/> BELTTE
NAME	DEUTSCH, ELLIOT	
STREET ADDRESS	7901 LUDLAM ROAD	
CITY - ST - ZIP	S. MIAMI FL 33143	

CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. TITLE ☐ Change ☐ Addition

1.2 NAME _____

1.3 STREET ADDRESS _____

1.4 CITY - ST - ZIP _____

2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 of 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 in the filing, or on an attachment with an address.

SIGNATURE: BRUCE WILSON 4/8/97 (301) 666-0642

CB2E034 (9/96)