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

**PROFIT** CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 15 1997 8:00am

Sandra B. Mortham

			of State DRPORATIONS	Secretary of State	
DOCUI 1. Corporalion	MENT # <b>M4996</b> 6	6 (8)			
Principal Place	e of Business	Mailing Address		-{	BIERL BIAN BIBN QIBU BIERL BIAN 1881
2601 BISCAYNE BLVD		2601 BISCAYNE BLVD			
P.O. DRAWER \$70308		P.O. DRAWER 370308		j	
MIAMI FL 33131	,	MIAMI FL 33137-0308			
				3. Date incorporated or Qualified 04/08/1987	3a, Date of Last Report 05/01/1996
2. Principal Pl 21	ace of Business	2a. Mailing Address		4. FEI Number 59-2788592	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation has liability for	
24	25	29	10		Yes No
	g. Name and Address of Curren	t Registered Agent		10. Name and Address of New Re	gistered Agent
TERRANCE V. CAIRNS				ONIO RODRIGUEZ	
2601 BISCAYNE BLVD.			82 Street Addre	ess (P.O. Box Number is Not Acceptate	ole)
MIAMI FL 33137			260	1 BISCAYNE BLVD.	
B3					
			84 City MIA	M 1	FL 85 Zip Code 33137
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 objection 607.0505, Florida Statutes.					
agent. Lai	m familiar with and accept the etiliga	itions of, Section 607,0505, Flori			-1.1.
SIGNATURE	Or printed risms of registered age	ed and title if applicable (ACITE)	Registered Agent Signature regular	and when reinstation	420/57
12.	OFFICERS ANI		I 13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, ROGER		1.2 NAME		
STREET ADDRESS	2601 BISCAYNE BLVD.		1.3 STREET ADDRESS		
City-St-ZiP	MIAMI FL		1.4 City-St-ZiP		
TITLE	ST AND THE STATE OF THE STATE O	☐ DELETE	2.1 TITLE		Change Addition
NAME	GOLDSTEIN, MICHELLE		2.2 NAME		
STREET ADDRESS	2601 BISCAYNE BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	TT SELECT	2.4 City-St-ZIP		T Address
TITLE		DELETE	3.1 TITLE		Change
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	. The same of the	DELETE	3.4. City-St-ZiP		Change Addition
CILF L MORRE		La vecele	4.1 MLE 4.2 NAME		First Audulds   First Addition
NAME STREET ADORESS			4. 2 NAME 4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP	,	
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME		_	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	<del></del>	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY-ST-ZIP		
14. I do heret	by certify that the information supplied	d with this filing does not qualify	for the exemption stated	in Section 119.07(3)(i), Florida Statute	s. I further certify that the
lam an of	n indicated on this annual report or s fficer or <u>director of the corporation or</u> n Block 12 or Block 13 inchesiged, A	the receiver or trustee empower	red to execute this report	my signature shall have the same legs t as required by Chapter 607, Florida s	ii eiiect as ii made under oath; that Statutes; and that my name