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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # M58115

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| FILED | |
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| May 16 1997 8:00an | n |
| Secretary of State | |

| Principal Place of Business Mailing Address 8125 NW 53 ST SUITE 100 MIAMI FL 33166 BY SOUTH FLORIDA, INC. MIAMI FL 33166 MIAMI FL 33166-4628 | | | | | | | | |
|---|--|---------------------|--|---|--|--------------|------------------------|---|
| US | | US | | | Date Incorporated or Qualified 08/27/1987 | | c of Last R)1/1996 | oport |
| 2 Principal P | Place of Business | 2a. Mailing Address | | | 4. F[Number | 1 00/0 | | pplied For |
| 21 | ide of pasitions | 26 | | | 65-0043719 | | ├ ~~\~~ | ot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | <u> </u> | | Additional |
| 22 | | 27 | | | 5. Certificate of Status Desired | L | Fee Re | |
| City & Stat | te | City & State | ·· ··· ··· | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | 28 | | | Trust Fund Contribution | | Added t | |
| Zip | Country | Zip | Con | ntry | 8. This corporation has liability for | | | . 199.032, |
| 24 | 25 | [29] | 30 | | | Yes [| | |
| | 9. Name and Address of Currer | it Hegistered Agent | | 81 Name | 10. Name and Address of New F | legistered A | gent | |
| | ENCER, JANAE M | | | Name | · | | | |
| | 25 NW 53 ST., SUITE 100 | | | 82 Street Add | dress (P.O. Box Number is Not Accept | able) | | *************************************** |
| MIA | MI FL 33166 | | - | 63 | | | | |
| | | | | , .,, | <u> </u> | | | |
| | | | | 84 City | ā. | FL | 85 Zip (| Code |
| SIGNATURE | Signature typed or privided name of registered age | | | | rporation submits this statement for the alicin's board of directors. Thereby accurate the statement of the control of the con | DATE | | · |
| TITLE | PDS | ☐ DELETE | 1.1 10 | ıŧ. | | | Change | Addition |
| NAME | SPENCER, JANAE M. | | 1,2 NA | Mi | | | | |
| STREET ADDRESS | 8125 NW 53 ST. SUITE 100 | | 1.3 ST | HEET ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL | | | | | | | |
| | | | 1.4 CI | Y-S1-ZiP | | | | |
| TITLE | | DELETE | 2110 | ı[| | | Change | Addition |
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| NAME STREET ADDRESS | | DELETE | 2 1 1 U 2.2 NA 2 3 ST | LE ME RELI ADDRESS | | | Change | Addition |
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| NAME STREET ADDRESS CITY-ST-ZIP TITLE | | DELETE | 2 1 111 2.2 NA 2 3 ST 2 4 CF 3 1 711 | LE ME RELI ADDRESS 1Y+\$1-7IP LE | | | Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | 10 M | | 2 1 111 2.2 NA 2 3 ST 2 4 CO 3 1 TH 3 2 NA | LE ME RELI ADDRESS 1Y+S1+ZIP LE ME | | | | |
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| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | | 217II 22 NA 23 ST 2 4 CI 31 TH 32 NA 33 ST | ME RELLADORESS 1Y+S1-ZIP 1E ME RELLADORESS TY+S1-ZIP | | | | |
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| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | ☐ DELEJE | 2 1 1 1 1 2 2 NA 2 3 ST 2 4 CO 3 1 7 H 3 2 NA 3 3 ST 3 4 CO 4 1 1 H 4 2 NO | ME RELLADDRESS 1Y+S1-ZIP 1E ME HEELADDRESS 1Y+S1-ZIP LE | | | Change | Addilion |
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14. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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.

CIGNATURE

MISDAMER

Brown MA 4.28.97 30, 522.68