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

DOCUMENT # M58256

(2)

Principal Place of Busine 4051 8W 47TH AVE. #103 DAVIE FL 33314	· · · · · · · · · · · · · · · · · · ·	Mailing Address 4051 SW 47TH AVE. #103 DAVIE FL 33314-4051			
				3. Date Incorporated or Qua 08/31/1987	lified 3a. Date of Last Report 05/01/1996
2. Principal Place of Bus	iness	26. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.	***************************************	Suite, Apt. #, etc.		65-0017775	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desire	ed Fee Required
City & State		Crty & State		6. Election Campaign Finance	
Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24 Zip	Country 25	}	Country 30	This corporation has habit Florida Statutes	ity for intangible tax under s. 199.032,
	e and Address of Current F			10. Name and Address of N	
- BLUTSTEIN, GEORGE J. 81 Name			ELLIOT WACHMAN		
20801 BISCATNE BOULEVARD B2 Street A				oddress (P.O. Box Number is Not Acceptable)	
SUITE 303, THE IVES BUILDING NORTH MIAMI BEACH FL 33180				51 3W 47AVE	,4103
NORTH MIAM	I BEACH FL 33180				
	h		84 City	DAVIE	FL 85 Zip Code 4
11. Pursuant to the provisions of Sections 607, 502 and 607, 1508, Forida 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 Forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and a cept the obligations of, Soction 607,0505, Florida Statutes.					
agent. I am familiar with, and except the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, types a philed negretor registered agent and total if applicable (NOTE Argisticred Agent signature required when revisional) DATE					
12.	OFFICERS AND I		13.		OFFICERS AND DIRECTORS IN 12
TITLE 8		☐ DELETE	1.1 TALE		Change Addition
	IAN, ELLIOT		1.2 NAME		
	N 33RD AVE.		1.3 STREET ADDRESS		,
	AUDROALE FL 33312	DELE1E	1.4 CITY - ST - ZIP		Change Addition
1 ···	IAN, INA	L_J Octob	2.1 TITLE 2.2 NAME	1.10 C H mm 4/. T	~A
	EYSER AVE		2 3 STREET ADDRESS	4051 SW 47	AVE,#103
	VOOD FL		2 4 CiTY - \$1 - ZiP	WACHMAN, I 4051 SW 4HA DANZE, FL 33	314
TITLE		DELETE	3.1 7 TLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY - ST - 7IP		Change Addition
TITLE NAME		Lad Detect	4.1 TITLE 4.2 NAME		El charge El Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST- ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-MP		☐ DELETE	54 CITY-ST-ZIP		Change Addition
TITLE	, e	☐ vectic	6.2 NAME		☐ CHANGE ☐ MODITOR
NAME OTOGET ADDRESS			O.2 NAIVIE		

14. I do hereby certify that the information supplied with this filling 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 supplementar 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 forgonation or the receipt or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Blook 12 or Block 13 it changed, of on an aductment with an address.

FILED

Jun 03 1997 8:00am

Secretary of State