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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

Principal Place of Business 7800 ISLAND BLVD. NORTH MIAMI BEACH FL 33160 28	Principal Place of Business Maining Address 7200 ISLAND BLVD. NORTH MIAMI BEACH FL 33160 DO NOT WRITE IN THIS SPACE 3. Date incorporation do Journal of Color of Principal Place of Business 2a. Maining Address 4. FEI Number Applied Fo. School 1987 Mod Applied Fo. Surfa, Apt. 4. etc. 5. Oortficate of Status Desired \$8.75 Additions Fo. Surfa, Apt. 4. etc. 5. Oortficate of Status Desired \$8.75 Additions Fo. Surfa, Apt. 4. etc. 5. Oortficate of Status Desired \$8.75 Additions Fo. Surfa, Apt. 4. etc. 5. Oortficate of Status Desired \$8.75 Additions Fo. Surfa, Apt. 4. etc. 5. Oortficate of Status Desired \$8.75 Additions Fo. Surfa, Apt. 4. etc. 5. Oortficate of Status Desired \$8.75 Additions Fo. Surfa, Apt. 4. etc. Surfa, Apt. 4. etc. \$8.75 Additions Fo. \$8.75 Additions	•	MENT # M5865 MS ISLAND PROPERTY MA	=					
7600 ISLAND BLVD. NORTH MIAMI BEACH FL 33180 7500 ISLAND BLVD. NORTH MIAMI BEACH FL 7500 ISLAND BLVD. NORTH MIAMI BEACH FL	TOO ISLAND BLYD NORTH MIAMI BEACH FL 23160 DO NOT WRITE IN THIS SPACE	Principal Plac	e of Business	Mailing Address			- I ADDIAGRIA ADI DINDA ADIND DINDI DINAH ADIN DIBIN BIBN		
2. Principal Place of Business	2. Principal Place of Business 2a. Mailing Address 3. Fet Number Applied Fro South Applied Fro S	7900 ISLAND BLVD. 7900 ISLAND BLVD.					DO NOT WRITE IN THIS	SPACE	
2. Mayling Address 24. Mailing Address 25. May let 25. Suite, Apt. #, etc. 25. Suite, Apt. #, etc. 25. Suite, Apt. #, etc. 27. 28. Suite, Apt. #, etc. 27. 28. Suite, Apt. #, etc. 27. 29. 29. 29. 20. 29. 29. 29. 29. 20. 29.	2. Maining Address 2. Maining Address 3. Maining Address 4. FER Number Applied Fig. Applied Applied Fig. Applied						· ·		
Sulte, Apt. #, etc. Tes Required City & State City & State Supp. Country Zip Country Zip Country Supp. Country S	Suite, Apt. #, etc.	2. Principal P	Place of Business	2a. Mailing Address					nnlied For
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Status Stat	Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. So. Carrificate of Status Desired S8.75 Additione See Required			— ĭ					, ,
City & State Country Zip City Zip Z	City & State Country Zip Country City Country City	Suite, Apt. #, etc. Suite, Apt. #, etc.					_		
28 29 20 20 20 20 20 20 20	Zip								
Zip Country Zip 20 28 30 Country 8 This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Ves No No Personal Property Tax due June 30. Ves No	Zip	·	re	— ·			· · · · · · · · · · · · · · · · · · ·		
28	28 29 30 Personal Property Tax due June 30. 1/95 No No No No No No No N		Country		Countr	<u></u>	-		··· ··· - · - · - ·
MATUS, ALAN 7900 ISLAND BLVD. NORTH MIAMI BEACH FL 33160 82 Street Address (P.O. Box Number is Not Acceptable) 83 P4 City FL 85 Zip Code 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 agent, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL AST DELETE 1.4 CITY-ST-ZIP TITLE AST DELETE 1.5 TITLE AST DELETE 1.4 CITY-ST-ZIP TITLE AST DELETE 1.5 TITLE AST DELETE 2.5 TITLE AST DELETE 3.5 TITLE DELETE 3.5 TITLE AST DEL	MATUS, ALAN 7900 ISLAND BLVD. NORTH MIAMI BEACH FL 33160 82 Streat Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Flonds Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florids Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent, and familiar with and accept the obligations of Section 607.0505, Florids Situation, Florids Situation, Florids Situation, Florids Situation in the State of Florids Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. and familiar with and accept the obligations of Section 607.0505, Florids Situation, Florids Situation in the Section 607.0505, Florids Situation in the Corporation's board of directors. I hereby accept the appointment as register agent. and familiar with an adaptive agent and registered agent and set a	24			30		· · · · · · · · · · · · · · · · · · ·		
7900 ISLAND BLVD. NORTH MIAMI BEACH FL 33160 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 89 Zip Code 89 Zip Code 89 Zip Code 89 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 81 Zip Code 81 Zip Code 82 Street Address (P.O. Box Number is Not Acceptable) 83 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 89 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 81 Zip Code 81 Zip Code 82 Zip Code 83 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 89 Zip Code 89 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 81 Zip Code 81 Zip Code 82 Zip Code 83 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 86 Zip Code 86 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 89 Zip Code 80 Zip Code 81 Zip Code 81 Zip Code 81 Zip Code 82 Zip Code 83 Zip Code 84 City FL 85 Zip Code 85	TOUR SILAND BLVD. NORTH MIAMI BEACH FL 33160 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zp Code 86 87 88 City FL 88 Zp Code 88 City FL 88 Zp Code 88 City FL 88 Zp Code 89 Address (P.O. Box Number is Not Acceptable) 89 Address (P.O. Box Number is Not Acceptable) 80 Address (P.O. Box Number is Not Acceptable) 81 Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zp Code 84 City FL 85 Zp Code 84 City FL 85 Zp Code 85 Zp Code 86 City Street Acid Response of Acceptable (P.O. Box Number is Not Acceptable) 86 Address (P.O. Box Number is Not Acceptable) 87 Pc Street Acid Response of Acceptable (P.O. Box Number is Not Acceptable) 88 Address (P.O. Box Number is Not Acceptable) 89 Address (P.O. Box Number is Not Acceptable) 89 Address (P.O. Box Number is Not Acceptable) 80 Address (P.O. Box Number is Not Acceptable) 81 Address (P.O. Box Number is Not Acceptable) 82 Pc Address (P.O. Box Number is Not Acceptable) 83 Address (P.O. Box Number is Not Acceptable) 84 City 85 Address (P.O. Box Number is Not Acceptable) 85 Address (P.O. Box Number is Not Acceptable) 86 Address (P.O. Box Number is Not Acceptable) 86 Address (P.O. Box Number is Not Acceptable) 87 Address (P.O. Box Number is Not Acceptable) 88 Address (P.O. Box Number is Not Acceptable) 88 Address (P.O. Box Number is Not Acceptable) 88 Address (P.O. Box Number is Not Acceptable) 89 Address (P.O. Box Number is Not Acceptable) 89 Address (P.O. Box Number is		9. Name and Address of Curren	it Registered Agent		,		Agent	
NORTH MIAMI BEACH FL 33160 83 84 City FL 85 Zip Code 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 agent, and the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the appointment as registered agent, and the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algorithm required when reinstaling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS IN 12 1.1 TITLE MATUS, ALAN 7900 ISLAND BLVD. 1.2 NAME SIRRET ADDRESS CITY-S1-ZIP NORTH MIAMI BEACH FL 1.4 CITY-S1-ZIP Vice President, Director Change (Addition) NORTH MIAMI BEACH FL 1.1 TITLE SIRRET ADDRESS CITY-S1-ZIP Vice President, Assistant Change (Addition) NORTH MIAMI BEACH FL 1.1 TITLE 1.1 TITLE 1.2 SIRRET ADDRESS CITY-S1-ZIP Vice President, Assistant Change (Addition) NORTH MIAMI BEACH FL 1.1 TITLE 3.1 TITLE 3.1 TITLE 3.1 TITLE 3.1 TITLE SECTETATIONESS CITY-S1-ZIP Vice President, Assistant Change (Addition) NORTH MIAMI BEACH FL 1.1 TITLE SECTETATIONESS RORTH ADDRESS	NORTH MIAMI BEACH FL 33160 83 84 City FL 85 Zip Code 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 register agent. I am familiar with, and accopit the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registere agent. I am familiar with, and accopit the obligations of, Section 607.0505, Florida Statutes, SIGNATURE Signature, typed or purend name of inequired agent and life if appointment agent signature required when remaining. DATE 12. OFFICERS AND DIRECTORS ITILE SIGNATURE Signature, typed or purend name of inequired agent and life. I appointment agent signature required when remaining. DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE SIGNATURE Signature, typed or purend name of inequired agent and life. I appointment agent signature required when remaining. DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE SIGNATURE Signature, typed or purend name of inequired agent and life. I appointment agent signature required when remaining. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE SIGNATURE Signature, typed or purend name of inequired agent and life. I appointment agent signature required when remaining. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE SIGNATURE Signature, typed or purend name of inequired agent signature required when remaining. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE Signature, typed or purend name of inequired agent and life. I appoint a purple signature required when remaining. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE Signature, typed or purend name of inequired agent signature required when remaining. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE Signature, typed or purend name of inequired agent signature required when remaining. ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ľ	-		81	Name			
B4 City FL B5 Zip Code	### City ###					Street	Address (P.O. Box Number is Not Acceptable)		
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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE MATUS, ALAN 12. NAME MATUS, ALAN 12. NAME STREET ADDRESS T900 ISLAND BLVD. NORTH MIAMI BEACH FL 1.1 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 1.2 LITILE AST Volce President, Assistant Change Addition Change Addition Change Addition Vice President, Assistant Change Addition STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL DELETE 3.1 TITLE AST Vice President, Assistant Change Change Addition Change Addition Change Addition Change Addition Change Ch	TITLE STATEST ADDRESS OFFICERS AND DIRECTORS STREET ADDRESS OFFICER AND BLVD. TITLE STREET ADDRESS OFFICER AND BLVD. TITLE AST VOLLRATH, ROBERT K 7900 ISLAND BLVD. TITLE AST VOLLRATH, ROBERT K 7900 ISLAND BLVD. TITLE STREET ADDRESS OFFICER STATES OFFICER ST	NC	PRTH MIAMI BEACH FL 33160		83		 		
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 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, and take the provisions of Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME MATUS, ALAN 12. NAME MATUS, ALAN 12. NAME STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 1.4 CITY-ST-ZIP TITLE AST DELETE 2.1 TITLE AST DELETE 2.1 TITLE Vice President, Director Change Addition VOLLRATH, ROBERT K 7900 ISLAND BLVD. 2.2 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL DELETE 3.1 TITLE 3.1 TITLE DELETE 3.1 TITLE AST VIce President, Assistant Change Addition Change Addition Change Addition STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS	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 register agent. I arm familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature typed or privated name of legistered agent and title if applicable (NOTE Registered Agent algoristic								
SIGNATURE Signature. typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE	SIGNATURE 12. OFFICERS AND DIRECTORS TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREE					City	FL	85 Zip	Code
TITLE NAME NAME MATUS, ALAN T900 ISLAND BLVD. NORTH MIAMI BEACH FL TITLE NAME STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL TITLE NAME STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL TITLE NAME STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL DELETE DELETE 1.1 TITLE 1.2 NAME 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL DELETE 3.1 TITLE NAME STREET ADDRESS STREET ADDRESS 3.3 STREET ADDRESS RORET I. Finvarb, Esq.	TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL TITLE NAME STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS	SIGNATURE	Signature, typed or printed name of registered ago	int and title if applicable (NOTE:	Registered Aç		a required when reinstating) DATE		
NAME STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL TITLE NAME STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	MATUS, ALAN 7900 ISLAND BLVD. NORTH MIAMI BEACH FL TITLE NAME VOLLRATH, ROBERT K STREET ADDRESS CITY-ST-ZIP TITLE NAME NORTH MIAMI BEACH FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NORTH MIAMI BEACH FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS								
TITLE NORTH MIAMI BEACH FL 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP Vice President, Director Change Addition VOLLRATH, ROBERT K 7900 ISLAND BLVD. STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL DELETE DELETE 3.1 TITLE NAME STREET ADDRESS STREET ADDRESS 3.3 STREET ADDRESS ROBERT J. Finvarb, Esq.	STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL TITLE NAME VOLLRATH, ROBERT K STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL DELETE 21 TITLE NAME STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL DELETE 21 TITLE 22 NAME 23 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE DELETE ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	1	•	C) ocreit			liesident, birector	L. J Change	ET MUNITION
NORTH MIAMI BEACH FL TITLE AST VOLLRATH, ROBERT K STREET ADDRESS CITY-ST-ZIP TOTALE NORTH MIAMI BEACH FL 1.4 CITY-ST-ZIP Vice President, Director Change Addition 22 NAME 23 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL DELETE 31 TITLE NAME STREET ADDRESS 33 STREET ADDRESS 33 STREET ADDRESS 33 STREET ADDRESS ROBERT I. Finvarb, Esq.	CITY-ST-ZIP NORTH MIAMI BEACH FL TITLE NAME VOLLRATH, ROBERT K STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL DELETE 21 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 1. A CITY-ST-ZIP Vice President, Director Change Add Add Secretary Robert I. Finvarb, Esq. 7900 Island Boulevard 3.4. CITY-ST-ZIP North Miami Beach, FL 33160 Change Add Add Add NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS	1	•						
TITLE AST DELETE 21TITLE Vice President, Director Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS 3.1 TITLE STREET ADDRESS 3.3 STREET ADDRE	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS								
STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 1TILE NAME STREET ADDRESS STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP PAGE 1. Finvarb, Esq.	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE DELETE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP NORTH Miami Beach, FL 33160 Change Add A.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE DELETE S.3 STREET ADDRESS			DELETE			Vice President, Director	Change	Addition
CITY-SI-ZIP NORTH MIAMI BEACH FL ITILE DELETE 3.1 TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS ROBERT I. Finvarb, Esq.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE DELETE 2 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160 Change Add A 2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE DELETE 5.1 TITLE NAME STREET ADDRESS	NAME			2.2 NAME		·		
TITLE DELETE 3.1 TITLE Vice President, Assistant Change K Addition Secretary STREET ADDRESS 3.3 STREET ADDRESS ROBert I. Finvarb, Esq.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	STREET ADDRESS			2.3 STREE	T ADDRESS			
NAME SIREFI ADDRESS 32 NAME STREET ADDRESS 33 SIREFI ADDRESS ROBert I. Finvarb, Esq.	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE A1 TITLE A2 NAME STREET ADDRESS CITY-ST-ZIP A4 CITY-ST-ZIP TITLE DELETE A4 CITY-ST-ZIP TITLE DELETE A5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE A4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS		NORTH MIAMI BEACH FL	T or care		-ST-ZIP			V Addition
STREET ADDRESS ROBERT I. Finvarb, Esq.	STREET ADDRESS CITY-ST-ZIP TITLE DELETE A1 TITLE A2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE A4 CITY-ST-ZIP TITLE DELETE A4 CITY-ST-ZIP TITLE DELETE A5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE S1 STREET ADDRESS	i		L.J DELETE	1	i	Vice President, Assistant	☐ Change	AUDITION
SIRECI ADURESS 7000 Taland Roulayard	CITY-ST-ZIP	1			1		Robert I. Finvarb, Esq.		
CITY ST. 700 North Miami Beach, FL 33160	TITLE DELETE 4.9 TiTLE Change Add NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Add NAME 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS						7900 Island Boulevard North Miami Beach, FL 3316	60	
	STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS TREET ADDRESS 5.3 STREET ADDRESS			DELETE		31-11	1102 011 1120002 200011, 12 0001		Addition
NAME 4.2 NAME	CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Add NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS	NAME			4. 2 NAME				
STREET ADDRESS 4.3 STREET ADDRESS	TITLE DELETE 5.1 TITLE Change Addi NAME	STREET ADDRESS			4.3 STREE	T ADDRESS			
	NAME STREET ADDRESS 5.2 NAME 5.3 STREET ADDRESS	CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE DELETE 5.1 TITLE Change Addition	STREET ADDRESS 5.3 STREET ADDRESS	TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
	CITY-ST-ZIP 5.4 CITY-ST-ZIP	i l							
CITY-ST-ZIP	TITLE DELETE 6.1 TITLE Change Add			☐ DELETE		SI-ZIP		Change	Addition

14. Thereby 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 if changes and that my name appears in address.

NAME STREET ADDRESS

6.3 STREET ADDRESS

305/937_7823

FILED

Feb 20 1998 8:00am

Secretary of State