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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1997 8:00am

Secretary of State

Daylime Phone #

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # M62593

SIGNATURE:

KEYSTONE INVESTMENTS & ENTERPRISES, INC.

Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified 3a. Date of Last Report 11/16/1987 03/07/1996	
20401 N.W. 2ND AVENUE MIAMI FL 33169		20101 N.W. 2ND AVENUE MIAMI FL 33169-2542			
1		26		65-0017735	Not Applica
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additiona Fee Required
City & State	c .	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<i>Z</i> _' p	Country 25	7(p	Country 30	8. This corporation has liability for in	······································
<u> </u>	9. Name and Address of Curren		[50]	10. Name and Address of New Reg	
BAIL	LEY, ABE A.		81 Name		
	01 N.W. 2ND AVENUE		82 Street Add	Iress (P.O. Box Number is Not Acceptable	(e)
STE	.101		0.0007100	·	u)
MIAI	MI FL 33169		63		
			84 City		85 Zip Code
			' ' '		
 Pursuant to office or readent. Lar 	to the provisions of Special 1667 0502 egistered agent, or both, inthe State m familiar with, and accept the obliga	2 and 607.1508, Florida Statute of Florida Such change was a stions of, Section 607.0505, Florida	es, the above-named cor authorized by the corpora orida Statutes.	poration submits this statement for the pution's board of directors. I hereby accep	urpose of changing its register t the appointment as registers
SIGNATURE		/			/hw 22/97
			Registered Agent signature requ		DATE
1 2 .	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
ITLE	PSD WHYTE EEGINA B	☐ DELETE	11 TITLE		Change Add
IAME	WHYTE, EFFIOM B. 20401 N.W. 2ND AVENUE		1 2 NAME		
THEET ADDRESS	MIAMI FL		1 3 STREET ADDRESS		
1*Y-ST-7IP	VD VD	DELETE	14 City-St-ZiP	***************************************	
ILE	WHYTE, DOROTHY A.	T DEFEIR	2 1 TITLE		Change Add
IAME	20401 N.W. 2ND AVENUE	•	2.2 NAME		
TREET ADORESS	MIAMI FL		2 3 STREET ADDRESS		
HLF	MICHIEL L	DELETE	2 4 CITY-ST-ZIP		Change Add
		L., DELLIE	31 TITLE		Fil comple Fil voo
IAME			32 NAME		
TREET ADDRESS			3 3 STREET ADDRESS		
OTY-ST-ZIP ITEE		DELETE	3.4. CHY-ST-ZIP 4.1 TITLE		Change Add
IAME		· ·	4 2 NAME		C Orango C roo
TREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-7-P			4.4 CITY-ST-2IP		
II(F		DELETE	5.1 TITLE		☐ Change ☐ Add
iame			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
HTY-ST-7IP			5.4 CITY-ST-ZIP		
TIF		DELETE	6 1 TITLE		☐ Change ☐ Add
IAME			6.2 NAME		
STREET ADDRESS	\		6.3 STREET ADDRESS	•	
CITY - S1 - ZIP	I		6.4 CITY - ST - ZIP		
information Laruari of	in indicated on this armual report of s Hicer or director of the comporation of	upplemental annual report is to	rue and accurate and tha ered to execute this repo	d in Section 119.07(3)(i), Florida Statutes It my signature shall have the same legal ort as required by Chapter 607, Florida Si	l effect as if made under oath:

SIGNATURE AND THE OF RIVED NAME OF SIGNING OFFICER OF DIRECTOR