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

**PROFIT** CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 02 1997 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS** 

| Principal Place of Business  Principal Place of Business  Mailing Address  9715 SW 73 AVENUE MIAMI FL 33156  MAILING ADDRESS  MIAMI FL 33156-2920 |  |  |                           |   |  |                                       |
|---|--|--|---------------------------|---|--|---------------------------------------|
|   |  |  |                           |   | 3. Date Incorporated or Qualified 12/24/1987   | 3a. Date of Last Report<br>04/29/1996 |
| 2. Principal Pl   | lace of Business   | 2a. Mailing Address  |                           | <u>.</u>  | 4. FEI Number<br>65-0135325  | Applied For Not Applicable            |
| Suite, Apt  | #, etc   | Suite, Apt. #, etc   |                           |   | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required        |
| City & State  |  | City & State   |                           | Election Campaign Financing     Trust Fund Contribution | \$5.00 May Be Added to Fees  |                                       |
| Ζψ<br><b>24</b>   | Country<br>25  | 2 p  | Country                   |   | 8. This corporation has liability for i  |                                       |
|   | 9. Name and Address of Current   |  |                           |   | 10. Name and Address of New Re   | gistered Agent                        |
| , GAN   | itt, ragan   |  | 81                        | Name  |  |                                       |
| 8220 SUNSET DRIVE<br>MIAMI FL 33143   |  |  | 82                        | Street Add  | ress (P.O. Box Number is Not Acceptab  | ole)                                  |
| 4   |  |  | <b>B3</b>                 |   |  |                                       |
|   |  |  | 84                        | City  |  | E 85 Zip Code                         |
| agent La  | a familiar with, and accept the obligation of the state o | tions of, Section 607.0505, Florians tile if applicable (NOT | orida Statutes            | S.  | tion's board of directors. I hereby acception in the state of the stat | DATE                                  |
| THEF  | D  | DELETE   | 1.1 TITLE                 |   |  | Change Addition                       |
| NAME  | MCLAUGHLIN, RAYMOND  |  | 1.2 NAME                  |   |  |                                       |
| STREET ADDRESS  | 9715 S.W. 73RD AVENUE  |  | 1.3 STREET                | ADORESS   |  |                                       |
| CHY-ST ZIP  | MIAMI FL   |  | 1.4 CITY-S                | iT-ZIP  |  |                                       |
| 1(1),€  | PTSV   | ☐ DELETE   | 21 TITLE                  |   |  | Change Addition                       |
| Nagai   | MCLAUGHLIN, RAYMOND  |  | 22 NAME                   |   | •  |                                       |
| STREET ADDRESS  | 9715 SW 73RD. AVE.<br>MIAMI FL   |  | 23 STREET                 |   |  |                                       |
| COTY STOZE<br>THU   | MIPONI FL  | DELETE   | 2.4 CITY-5<br>3.1 TIBLE   | SI-ZIP  |  | Change Addition                       |
| NAMI  |  |  | 3.2 NAME                  |   |  |                                       |
| STREET ACRORESS   |  |  | 3 3 STREET                | ADDRESS   |  |                                       |
| 0/17 - S1 - 7/P   |  |  | 3.4. City-5               |   |  |                                       |
| liftif  |  | DELETE   | 4.1 TITLE                 |   |  | Change Addition                       |
| NAME  |  |  | 4 2 NAME                  |   |  |                                       |
| STREET ADORESS  |  |  | 4 3 STREET                | ADDRESS   |  |                                       |
| CHY ST ZIP  |  | □ Be. 532  | 4.4 CITY - S              | ST - ZIP  |  | [ ] Abassa [ ] 1 abassa               |
| 1/TEF   |  | ☐ DELETE   | 51 TITLE                  |   |  | Change Addition                       |
| NAMe  |  |  | 5 2 NAME                  |   |  |                                       |
| STREET ADORESS  |  |  | 53 STREET                 |   |  |                                       |
| CHTY-ST-20F<br>HTDE   |  | DELETE   | 5.4 CITY - S<br>6.1 TITLE | SI - ZIP  |  |                                       |
| NAME  |  | L DECEL  | 6.2 NAME                  |   | 60000213   | 3400C                                 |
| STREET AFORESS  |  |  | 6.3 STREET                | r address   | 60000213<br>-04/02/970117<br>***165.00   | 24UU5<br><b>&gt;&gt;</b> /            |

14. To hereby 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 information information information information information information officer or director of the corporation or the freeliver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my appears in Block 12 or Block 13 if changed or on the attachment with an address.