FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

19	996	DIVISION OF CO	RPORATIONS	_	
DOCUM 1. Corporation Na	ENT # M6422	21 (8)			
Principal Place of Business 6971 W. SUNRISE BLVD.		Maing Address 80 PALM AVE PALM ISL MIAMI BCH FL 33139	AND		ACT 1181 A1811 AIAN EIBN ANN ANN ANN ACH
PLANTATION 1 US	FL 33313			3. Date Incorporated or Qualified 01/11/1988	3a. Date of Last Report 03/14/1995
2. Principal Place	e of Business	2a, Mailing Address		4. FEI Number 65-0023441	Applied For Not Applicable
Suite, Apt #, i	etc.	Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Oty & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Ζιρ	Country 25	28	Gountry		s
24	9. Name and Address of Currer			10. Name and Address of New	Registered Agent
	DIAL ARABIMO AL		81 Name		
ROSENTHAL, VLADIMIR M 80 PALM AVENUE			82 Street Addr	treet Address (P.O. Box Number is Not Acceptable)	
PALM IS	ELAND		83		
MIAMI B	EACH FL 33139		84 City		EI 85 Zip Code
or registered familiar with.	the provisions of Sections 607.050; diagent, or both, in the State of Flori, and accept the obligations of, Sections of Sec	tion 607.0505, Florida Statutes.	the above named corporation's beauty the corporation's beauty mentage to provide the corporation of the corp	al wiles to the their	OATr
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change Addition
THTLF	PD ROSENTHAL, VLADIMIR	DELETE	1 1 THLF 12 NAME		
NAME STREET ADDRESS	80 PALM AVE PALM ISLAN	ND	1.3 STREET ADD/9ESS		
CITY - ST - ZIP	MIAMI BCH FL		14 CITY - ST - ZIP		Change Addition
TITLE	VO	DELETE	2.1 THEF		Citalitie
NAME	ROSENTHAL, MIRA 80 Palm ave Palm Islah	ON.	2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS	MIAMI BCH FL		24 Cilin St. ZiP		
CITY - ST - ZIP		DELFTE	3 1 101.6		Change Addition
NAME			3.2 NAME		
STREFT ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		DELFTE	3.4 CITY - \$1 - ZIP		Change Addition
TITLE		L. Deci (4.2 NAME		
NAME STREET AUDRESS			4.3 STREET ADDR: SS		
CITY-ST-ZIP			4.4.C(T.YS) - 7(P)		Change El Addition
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - 7IP		DELETÉ	5.4 CPY ST-ZP		Change Addition
TITLE		L) betters	6 2 NAME		
NAME			6.3 STREET ADDRESS		
STREET ADDRESS			6.4 City - ST - 7.8		

14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualfy for the exemption stated in Section 119.07(3)(k). 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 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. Lever Contrata and Types or Printed NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)