## 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 # M66531

(8)

FILED							
May 12 1997 8:00am							
Secretary of State							

Principal Plac 13322 SW 126 MIAM! FL 3312	STREET	Mailing Address 13322 SW 129 STREET MIAMI FL 33198-5807						
					3. Date Incorporated or Qualified 01/26/1988	3a. Date of t 06/06/19		
<del></del> 1	lace of Business	2a. Mailing Address			4. FEI Number 65-0122125		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<del></del>			Not Applicable 75 Additional	
City & State	<i>ę</i> ,	City & State		<del></del>	Certificate of Status Desired     Election Campaign Financing		ee Required	
23	TTTT THE LIE WEST TO SPECIAL SPECIAL SEASONS STATES.	28			Trust Fund Contribution		5.00 May Be dded to Fees	
Ζιρ <b>24</b>	Country 25	Zip 29	Color:	У	This corporation has liability for Florida Statutes	ntangible tax ur Yes  No	der s. 199.032,	
	9. Name and Address of Curr		100		10. Name and Address of New Re			
LEH	IRMAN, JEFFREY E.		1	Name				
	9 S. BAYSHORE DRIVE			Street Addre	ess (P.O. Box Number is Not Acceptat	ıle)		
	TE 300 D Conut grove FL 33133						<u>,</u>	
000	DONOT GNOTE IE SOIGO							
				City	•	FL 85	Zip Code	
office or r agent 1 a SIGNATURE	to the provisions of Sections 607.01 egistered agent, or both, in the Sta in familiar with, and accept the obl	te of Florida Such change was igations of, Section 607.0505, Fl	authoriz Iorida <b>St</b>	y the corporations.	oration submits this statement for the pon's board of directors. I hereby accept	urpose of chang t the appointme	jing its registered int as registered	
12.	Signature: typed or printed name of registered a	agent and title if applicable (NO: ND DIRECTORS	TE: Register	ent signature require	od when reinalating) ADDITIONS/CHANGES TO OFFICE	DATE	CTODE IN 12	
Title	P	DELETE	1,1		ADDITIONS/CHANGES TO OFFIC	Cho AND DINE		
NAME	MITCHELL, KAREN		1.21				engoradioon	
STREET ADDRESS	13322 SW 128TH ST			T ADDRESS				
C(1Y-S1-Z)P	MIAMI, FL 33176		1.4 0	ST-ZIP				
TITLE		☐ DELETE	2.1 T			Cr	nange Addition	
NAME.			2.2 N					
STREET ADDRESS			2.3 S	T ADDRESS				
CITY - ST - ZIF			2.4 C	ST-ZIP				
TITLE		☐ DELETE	3.1 TI			☐ CI	nange	
NAME			3.2 NA					
STREET ADDRESS				T ADORESS				
CITY+ST-ZIP		DELETE	3.4. CI	ST-ZIP		T 1 6	anna Laddisan	
TITLE NAME			4.1 107			☐ Cr	nange L_ Addition	
STREET ADORESS			4.2 NA					
CITY- ST-ZIP			4.4 CITY -:	T ADDRESS				
Tiflef		DELETE	5.1 VITLE	91 - £IT		□ Ci	nange Addition	
NAME.		<del></del>	5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY -					
TITLE		DELETE	6.1 YITLE			CH	nange Addition	
NAM(			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY					
informatio Lam an o	on indicated on this annual report of	r supplemental annual report is or the receiver or trustee <b>empo</b> y	true and acc	urate and that i	in Section 119.07(3)(i), Florida Statute my signature shall have the same lega as required by Chapter 607, Florida S	I effect as if ma	de under oath: that	