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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

	1996		Div	Secretary of ISION OF COR		DNS					
DOCUM 1. Corporation		M8278	30	(1)							
	A. DWYER, I	NC									
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Principal Place of	of Business		Mailing Addre	SS							
400 ARTHUR 2ND FLOOR	GODFREY RD.		2716 BRU	de terr. DD Fl. 33020							
MIAMI BEAC			US	DD FE 33020			3. Date incorporated or	Ouslified	3a. Date	of Last I	Report
US							05/26/1988	Coambo	1	4/28/1	•
2. Principal Plac			2a. Mailing Ad	dress			4. FEI Number			L	Applied For
21 271		TERR	26				65-0059448			00.7	Not Applicable
Suite, Apt. #	, etc.		Suite, Apt.	#, etc.			5. Certificate of Status D	esired		~	5 Additional Required
City & State			City & Star	·e			6. Election Campaign Fir	nancing		\$5.0	00 May Be
	Mnous	<u> </u>	28				Trust Fund Contribution				ed to Fees
Zip 3 30	م ام	ountry C _ S	Zip	30	Country		This corporation has I Florida Statutes	ability for Yes		cunder :	s 199.032,
24	9, Name and A	ddress of Current			I		10. Name and Address	Δ	_	gent	
					81	Name K	Em A. D) W Ye	5 0 .2		
SCHWA	RZBERG, MICH	AEL			82	Street Addr	ess (P.O. Box Number is Not	Acceptat	ile)		
19495 BISCAYNE BLVD.							716 BRUCE	TER	r		
STE 700 AVENTURA FL 33180						/				 -	
AVENT	JKA FL 33 180	1			84	City	JOLLY WOFF		FL	85 2	Zip Code 33 020
11. Pursuant to	the previsions of	Sections 607.0502	and 607.1508, Flo	rida Statutes, the	e above l	named corpor	ration submits this statement	for the pu	rpose of chai	nging its	registered office
or registere familiar with	ed agent, or both, if n, and accept the c	line State of Florid Lioations of, Section	a. 500n change wi on 607.0605, Florid	as aumorizeo by la Statutes.	rine corp	oralion's boa	ration submits this statement rd of directors. I hereby accep	or me oth	ا السال		id agoni. I am
SIGNATURE 🗸		-	~h	KEN	rw l	<u>ြယ် </u> မှ <i>ြ</i> nt signature require	ER Cho	/	4/25	/4¢	
12.	s-gnarure, typed or printed	name of registered algeril a OFFICERS AND		Jen 31Org	13.	it signature require	ADDITIONS/CHANGE	S TO OFF	ICERS AND	DIRECT	ORS IN 12
TITLE	P			ELETE	1. 1 TITLE					Change	Addition
NAME	DWYER, KEI				1.2 NAME						
STREET ADDRESS	2716 BRUCE				1.3 STREET	1					
CITY-ST-ZIP TITLE	HOLLYWOO	U FL		DELETE	1.4 CITY - S 2 1 TITLE	51 - ZIP			<u> </u>	Change	Addition
NAME					2 2 NAME						
STREET ADDRESS					23 STREET	ADDRESS					
CITY-ST-ZIP				NELETT.	2.4 CITY-5	ST - ZIP] Change	Addition
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CHTY-ST-ZIP					34 CITY-1						
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CITY-ST-ZIP TITLE				DELETE	5 1 TITLE	51-21r			[.	Change	Addition
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TITLE				DELETE	6 1 TITLE				L] Change	e 🔲 Addition
NAME STREET ADDRESS					6.2 NAME 6.3 STREE	T ADDRESS					
CHTY-ST-7IP					6 4 CITY-	ST-ZIP					
14. I do hereby	the information ind	icated on this annu	oi report or cuppie	mantal annual re	and doe	es not qualify the and accura	for the exemption stated in Se ate and that my signature sha	ii nave me	same leoar	enect as	i i made under
oath: that I	l am an officer or di	recte r of the corp o	ration or the receiv	er or trustee emi	powered	to execute th	is report as required by Chap	ter 607, F	lorida Statute	es; and f	hat my name
		(3 if changed, or o				^		1 -	10.		
SIGNAT	URE: 🚣	11		KEIT	TH 1	عبربع	A CEO / 4	125/	196	A.v.c Pa	
	SIG	ATURE AND TYPED OR	PRINTED NAME OF ST	SNING OFFICER OR	DIRECTOR		Date		D:	sytime Pho	ne f