

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

FILED

Feb 27 1997 8:00am  
Secretary of State



CORPORATION  
ANNUAL REPORT  
1997

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N11000004269

1. Corporation Name  
7711 DICKENS AVE #2  
MIAMI BEACH FL 33141

Principal Place of Business  
77 DICKENS AVE #2  
MIAMI BEACH FL 33141

Mailing Address  
7711 DICKENS AVE #2  
MIAMI BEACH FL 33141

3. Date Incorporated or Qualified  
06/06/1977

3a. Date of Last Report  
6/1/1996

4. FEI Number  
126440571 / 530707

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21 State, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent  
81 Name: Modia David  
82 Street Address (P.O. Box Number is Not Acceptable): 7711 DICKENS AVE #2  
83  
84 City: MIAMI BEACH FL 33141  
85 Zip Code: FL

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent for the corporation and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *David Modia*  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	D.D. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	MODIA DAVID	1.2 NAME	
12.3 STREET ADDRESS	7711 DICKENS AVE #2	1.3 STREET ADDRESS	
12.4 CITY - ST - ZIP	MIAMI BEACH FL 33141	1.4 CITY - ST - ZIP	
12.5 TITLE	V.P.O. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	DEJESUS GIL MANGNO	2.2 NAME	
12.7 STREET ADDRESS	7711 DICKENS AVE #3	2.3 STREET ADDRESS	
12.8 CITY - ST - ZIP	MIAMI BEACH FL 33141	2.4 CITY - ST - ZIP	
12.9 TITLE	STO. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	IBOLYA FILER K.	3.2 NAME	
12.11 STREET ADDRESS	7711 DICKENS AVE #4	3.3 STREET ADDRESS	
12.12 CITY - ST - ZIP	MIAMI BEACH FL 33141	3.4 CITY - ST - ZIP	
12.13 TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		4.2 NAME	
12.15 STREET ADDRESS		4.3 STREET ADDRESS	
12.16 CITY - ST - ZIP		4.4 CITY - ST - ZIP	
12.17 TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME		5.2 NAME	
12.19 STREET ADDRESS		5.3 STREET ADDRESS	
12.20 CITY - ST - ZIP		5.4 CITY - ST - ZIP	
12.21 TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 NAME		6.2 NAME	
12.23 STREET ADDRESS		6.3 STREET ADDRESS	
12.24 CITY - ST - ZIP		6.4 CITY - ST - ZIP	
		900002101929 -03/03/97--01016--040 ***165.00	

14. I do 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 the information included 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.

SIGNATURE: *David Modia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E034 (9/96)