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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

<u></u>	1996	DIV	ISION OF CO	ME ORATIO			
DOCUI	MENT # P92000	0010623	3 (6)				
	INVESTMENT CORP.		• •				
						A ALBANDAN MAR MANAR MANAR BANKARAN ARAM ARAM ARAM	FJRKI BRKIR BYKIN DIRMA KULI KRAL
Principal Plac		Mailing Addre					
SANFORD B. MIOT S.E. THIRD AVE., 15TH FLOOR 1 S.E. THIRD AVE., 15TH FLOOR 1 S.E. THIRD AVE., 15TH FLOOR				LOOR			
MIAMI FL 33131 MIAMI FL 33131				LOOK		DO NOT WRITE IN TH	S SPACE
						3. Date Incorporated or Qualified	
2 Principal P	lace of Business	2a. Mailing Ad	dross			12/09/1992 4. FEI Number	Applied For
21 26						65-0375821	Not Applicable
			#, etc.	*		5. Certificate of Status Desired	\$8.75 Additional
22		27					Fee Required
City & State	e	28 City & Stati	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip		Country		8. This corporation owes or has paid the o	
24	25	29	36	0		Personal Property Tax due June 30.	Yes No
	g. Name and Address of Current	Registered Agen	t			10. Name and Address of New Registere	d Agent
	AVAR, DENISE			81	Name		
1 SE 3 AVE 15TH FLOOR				82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33131				83			
					<u> </u>		
				84	City	F	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Flo	rida Statutes,	the above	e-named co	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 60	17.0505, Floric	da Statutes	S.	ation's board of directors, rineraby accept the a	ppointment as registered
SIGNATURE						suired when reinstating) DATE	
12.	Signature, typiod or printed name of registered ager OFFICERS AND		(NOTE: H	13.	int signature req	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	Ō		DELETE	1.1 TITLE			Change Addition
NAME	MIOT, SANFORD B			1.2 NAME	}		
STREET ADDRESS	1 S.E. 3RD AVE., 15TH FLOOI	R		1.3 STREET	ADDRESS		
CITY-ST-ZIP TITLE	MAMI FL 33131		DELETE	1.4 CITY - S 2.1 TITLE	T- ZIP		Change Addition
NAME			DECETE	2.1 TITLE 2.2 NAME			C Charge C Monton
STREET ADDRESS				2.3 STREET	ADDRESS		ì
City-St-Zip			i	2. 4 CITY-9			
TITLE			DELETÉ	3.1 TITLE			Change Addition
NAME				3.2 NAME			
STREET ADORESS			I	3.3 STREET			:
CITY-ST-ZIP TITLE			DELETE	3.4. CITY - 5 4.1 TITLE	ST - ZIP		Change Addition
NAME				4. 2 NAME	-		suarge rise no.
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY-ST-ZIP	_			4.4 CITY-S	r-ZIP		
TATLE			DELETE	5.1 TITLE	1		Change Addition
NAME				5.2 NAME	1		
STREET ADDRESS			"	5.3 STREET	į į		
CITY-\$1-ZIP TITLE	<u> </u>		DELETE	5.4 CITY-S 6.1 TITLE	T-ZIP		Change Addition
NAME		Ц	DELLE	6.2 NAME	}		C. Commy C. Addition
STREET ADDRESS				6.3 STREET	ADDRESS		
Jane Control				I J.I.L.			Į

14. Thereby 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 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.

FILED

Jul 02 1998 8:00am

Secretary of State

6-19-98 315-277-1811