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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED May 19 1997 8:00am Secretary of State

DOCUMENT #	P93000005720 (6 1

BRISTO	L, INC.											
520 BRICKELL S-0-305	Principal Place of Business 520 BRICKELL KEY DR S-0-305 MIAMI FL 33131		Mailing Address 520 BRICKELL KEY DR \$-0-305 MIAMI FL 33131-2660									
							1 i	Date incorporated or (Dualified		te of Last F	Report
2. Principal P	ace of Business		2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·				01/25/1993 FEI Number		1 08/1	6/1996	anlind Fac
21			26				"	65-0384626				pplied For ot Applicable
Suito, Apt	#, etc		Suite, Apt. #, etc.							П		Additional
2			27				b.	Certificate of Status De	esirea			equired
City & Stati	T !		City & State				6.	Election Campaign Fin	ancing		\$5.00	May Be
23			28			, ,		Trust Fund Contribution	n		Added	to Fees
- Ζιμ Ε1	<u>├</u>	ountry	Zip	 	intry		8.	This corporation has lie	ability for in	ntangible t	tax under s	s. 19 9.032,
24	25 Q Name and A	ddress of Current F	29 Registered Agent	[30]	r		10	Florida Statutes Name and Address o		Yes [······································
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	eman, stephen Brickell key (
S-0-		л			82	Street A	ddress (P	P.O. Box Number is Not	Acceptabl	e)		
	303 MI FL 33131				83					·		
MIN	MI FL 33131						TT					
					84	City				FL	85 Zip	Code
11. Pursuant t	to the provisions of	Sections 607.0502 a	and 607.1508. Florida St	atutes the a	nove-r	named o	corporatio	n submits this statemen	t for the ni		changing i	ts registered
SIGNATURE		Sections 607,0502 a both, in the State of accept the obligation	and 607.1508, Florida St Florida. Such change w ons of, Section 607.0505 and title II applicable.	atutes, the al /as authorize i, Fiorida Stat (NOTE Registere					t for the pu		changing i pintment as	ts registered registered
SIGNATURE			and title il applicable.				equired when			urpose of the appo		
SIGNATURE	Statesture typed or printed	d name of registered agent a OFFICERS AND D	and title il applicable.	(NOTE Registere	d Agent		equired when	n reinstating)		DATE ERS AND		
SIGNATURE 12. TILE NAME	Surveyor Aybed of printer S FREEMAN, STE	Thank of registered agent a OFFICERS AND D	and title il applicable.	(NOTE Registerer	d Agent		equired when	n reinstating)		DATE ERS AND	DIRECTOR	RS IN 12
SIGNATURE 12. TILE	Substant typed of prints S FREEMAN, STE 520 BRICKELL	d name of registered agent a OFFICERS AND D	and title il applicable.	(NOTE Registere 13. 1.1 T) 1.2 N	d Agent	signature r	equired when	n reinstating)		DATE ERS AND	DIRECTOR	RS IN 12
SIGNATURE 12. TILE NAME STREET ADDRESS CHY-ST-7IP	Substant typed of prints S FREEMAN, STE 520 BRICKELL MIAMI FL	Thank of registered agent a OFFICERS AND D	and title II applicable. DIRECTORS DELETE	(NOTE Registere 13. 1.1 Ti 1.2 No 1.3 Si 1.4 Ci	d Agent TLE AME TREET AL	signature n	всиява мінал	n reinstating)		urpose of the appo DATE ERS AND	DIRECTOR Change	RS IN 12
SIGNATURE 12. TILE NAME STREET ADDRESS CPLY-SU-70P TILE	Successive typed of prices S FREEMAN, STE 520 BRICKELL MIAMI FL	DEFICERS AND DEFICERS AND DEFICERS AND DEFICERS AND DEFICE AND DEF	and title il applicable.	(NOTE Registered 13. 1.1 T) 1.2 N/ 1.3 S) 1.4 C) 2.1 T/	d Agent TLE AME TREET AL TY-ST-	signature n	equired when	n reinstating)		urpose of the appo DATE ERS AND	DIRECTOR	RS IN 12
SIGNATURE 12. TILE NAME STREET AODRESS CPY-ST-ZPP TILE NAME	S FREEMAN, STE 520 BRICKELL MIAMI FL BRYP BAND, SYLVIO	OFFICERS AND DEPLEMENT OFFICERS AND DEPLEMENTAL TO THE PROPERTY OF THE PROPERT	and title II applicable. DIRECTORS DELETE	(NOTE Registere: 13. 1.1 Ti 1.2 N/ 1.3 SI 1.4 CI 2.1 Ti 2.2 N/	TLE AME TREET AL TY-ST- TLE	DDRESS ZIP	всиява мінал	n reinstating)		urpose of the appo DATE ERS AND	DIRECTOR Change	RS IN 12
SIGNATURE 12. III.F NAME STREET ADDRESS CRY_SI_ZP TITLE NAME STREET ADDRESS	S FREEMAN, STE 520 BRICKELL MIAMI FL BRVP BAND, SYLVIO 520 BRICKELL	DEFICERS AND DEFICERS AND DEFICERS AND DEFICERS AND DEFICE AND DEF	and title II applicable. DIRECTORS DELETE	(NOTE Registere 13. 1.1 Ti 1.2 NJ 1.3 SI 1.4 CI 2.1 Ti 2.2 NJ 2.3 SI	d Agent TLE AME TREET AL TY-ST- TLE AME	DDRESS ZIP	всиява мінал	n reinstating)		urpose of the appo DATE ERS AND	DIRECTOR Change	RS IN 12
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14. To be recovering that the information supplied with this fling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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.

SIGNATURE

I. Maltseva Tuva Maltseva

4 29 91 (305) 374 · 3800