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 # POSOCO11153 (2)

The Law Day

97 MAY -1 AM 10: 30

2. Principal Place of Business 28. Mailing Address 4. 26 Suite, Apt. #, etc. 5. Suite, A	Date Incorporated or Qualified 02/12/1993 FEI Number 65-0388717 Certificate of Status Desired Election Campaign Financing Trust Fund Contribution This corporation has liability for in Florida Statutes	3a. Date of Last Report 01/22/1996 Applied For Not Applicabl \$8.75 Additional Fee Required
2. Principal Place of Business 2a. Mailing Address 4. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 5. City & State 2a. City & State 2a. City & State 2a. 2. 2. 2. 2. 2. 2. 2. 2	02/12/1993 FEI Number 65-0388717 Certificate of Status Desired Election Campaign Financing Trust Fund Contribution This corporation has liability for in	01/22/1996 Applied For Not Applicable \$8.75 Additional Fee Required
Suite, Apt. #, etc: Suite, Apt. #, etc: Suite, Apt. #, etc. City & State City & St	65-0388717 Certificate of Status Desired Election Campaign Financing Trust Fund Contribution This corporation has liability for in	Not Applicable \$8.75 Additional Fee Required
Suite, Apt. #, etc. City & State Zip Country 25 9. Name and Address of Current Registered Agent TOMAS, ROGER R PAUL 8138 SW 152 PL. MIAMI FL 33193 84 City 1. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent 1 and ramiliar with, and accept the obligations of, Section 607,0505, Florida Statutes. IGNATURIE 2. OFFICERS AND DIRECTORS ILE PD TOMAS, ROGER ROBALD 8136 SW 152 PL. MIAMI FL TOMAS, ROGER REGOR 8138 SW 152 PL. MIAMI FL TOMAS, ROGER REGOR 8138 SW 152 PL. MIAMI FL TOMAS, ROGER RONAN PA 8138 SW 152 PL MIAMI FL TOMAS, ROGER RONAN PA 8138 SW 152 PL MIAMI FL TOMAS, ROGER RONAN PA 814 CIT	Certificate of Status Desired Election Campaign Financing Trust Fund Contribution This corporation has liability for in	\$8.75 Additional Fee Required
City & State City & State City & State City & State Country Zip Country Repair Country Repair Country Country Repair Country Repair Country Repair Country Repair Country Repair Country Country Repair Country Country Repair Country Repair Country Country Repair Repair Country Repair Repair Country Repair Repa	Trust Fund Contribution This corporation has liability for in	
TOMAS, ROGER R PAUL 8138 SW 152 PL. MIAMI FL 29 DELETE 13 STREET ADDRESS 13 STREET ADDRESS 13 STREET ADDRESS 13 STREET ADDRESS 14 CITY-ST-ZIP 15 STREET ADDRESS 13 STREET ADDRESS 14 CITY-ST-ZIP 15 STREET ADDRESS 15 STREET ADDRESS 17 STREET ADDRESS 18 STREET ADDRESS 19 STREET ADDRESS	This corporation has liability for in	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent TOMAS, ROGER R PAUL 8136 SW 152 PL. MIAMI FL 33193 82 Street Address (83		
## A City Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent. Tam familian with, and accept the obligations of, Section 607.0505, Florida Statutes. SNATURE OFFICERS AND DIRECTORS 13.	. Name and Address of New Reg	
8136 SW 152 PL. MIAMI FL 33193 82 Street Address (83 84 City Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SINATURE Square registered agent agent and life if applicable (NOTE: Registered Agent signature required whe corporation's agent agent and life if applicable (NOTE: Registered Agent signature required whe corporation's agent to prove the corporation's agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Square registered agent signature required whe corporation's agent to prove the corporation's agent to prove a supplied by the corporation's agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Square registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Square registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent 2 florida. Such change was authorized by the corporation's agent 2 florida. Such change was authorized by the corporation's agent 2 florida. Such change was authorized by the corporation's agent 2 florida. Such change was authorized by the corporation's agent 2 florida. Such change was authorized by the corporation's agent 2 florida. Such change was authorized by the corporation's agent 2 florida. Such change was authorized by the corporation's agent 2 florida. Such change was authorized by the corporation's agent 2 florida. Such change was authorized by the corporation's agent 2 florida. Such change was authorized by the corporation's agent 2 florida. Such change was authorized by the corporation's agent 2 florida. Such change was authorized by the corporation's	· · · · · · · · · · · · · · · · · · ·	
I. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. GNATURE Signature typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required whe C. OFFICERS AND DIRECTORS 13. IE PO DELETE 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.5 SEC 1.5 DELETE 1.5 TITLE 1.5 SEC 1.5 DELETE 1.5 TITLE 1.5 SEC 1.5 DELETE 1.5 TITLE 1.5 SEC 1.5 DELETE 1.5 STREET ADDRESS 1.5 STREET ADDRE	P.O. Box Number is Not Acceptable	ө)
GNATURE Synchole hyperdise printed name of registered agent and little if applicable (NOTE: Registered Agent signature required whe CFFICERS AND DIRECTORS) 13. DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.5 SEC 1.5 TITLE 1.5 SEC 1.5 TITLE 1.5 SEC 1.5 TITLE 1.5 SEC 1.5 TITLE 1.5 SEC 1.5		FL 85 Zip Code
OFFICERS AND DIRECTORS 13. DELETE PO TOMAS, ROGER ROBALD SET ADDRESS 8136 SW 152 PL. MIAMI FL LE VDT TOMAS, ROGER REGOR SET ADDRESS 8136 SW 152 PL. MIAMI FL LE VDT TOMAS, ROGER REGOR SET ADDRESS 8136 SW 152 PL. MIAMI FL LE VDT TOMAS, ROGER REGOR SET ADDRESS 8136 SW 152 PL. MIAMI FL LE VDT TOMAS, ROGER REGOR SET ADDRESS 8136 SW 152 PL. MIAMI FL LE SEC DELETE 3.1 TITLE ME TOMAS, ROGER RONAN PA SET ADDRESS 8136 SW 152 PL. MIAMI FL LE DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS WIST-ZIP MIAMI FL LE DELETE 1.1 TITLE 3.4 CITY-ST-ZIP MIAMI FL LE DELETE 1.1 TITLE 3.4 CITY-ST-ZIP LE DELETE DELETE 1.1 TITLE 1.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP LE DELETE DELETE 5.1 TITLE DELETE 5.1 TITLE	on submits this statement for the publicand of directors. I hereby accept	
OFFICERS AND DIRECTORS TOMAS, ROGER ROBALD STREET ADDRESS STREET ADDRESS WIAMI FL TOMAS, ROGER REGOR STREET ADDRESS WIAMI FL TOMAS, ROGER REGOR STREET ADDRESS WIAMI FL SEC TOMAS, ROGER ROBALD DELETE 2.1 TITLE 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS WIAMI FL SEC TOMAS, ROGER RONAN PA STREET ADDRESS WIAMI FL SEC TOMAS, ROGER RONAN PA STREET ADDRESS WIAMI FL SECI TOMAS, ROGER RONAN PA STREET ADDRESS WIAMI FL STREET ADDRESS WIN IN IT	n reinstaling)	DATE
TOMAS, ROGER ROBALD 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZUP TOMAS, ROGER REGOR TOMAS, ROGER ROMAN TOMAS, ROGER ROGER TOMAS, ROGER ROGER	ADDITIONS/CHANGES TO OFFICE	
### ### ##############################		Change Addition
MIAMI FL	7000021	615375
DELETE DELETE 2.1 TITLE	-05/01/	9701028025
TOMAS, ROGER REGOR 2.2 NAME 2.3 STREET ADDRESS 4.4 CITY-ST-ZIP EET ADDRESS 4.5 ST-ZIP EET ADDRE	****16	5 00 *****165 00 Change Addition
### ADDRESS ### ### ### ### ### ### ### ### ###		Change L Additi
MIAMI FL 2 4 CITY-ST-ZIP		
SEC		
### ADDRESS #### ADDRESS ### ADDRESS #### ADDRESS #### ADDRESS #### ADDRESS #### ADDRESS #### ADDRESS ##### ADDRESS ###################################	· · · · · · · · · · · · · · · · · · ·	Change Addit
-ST-ZIP MIAMI FL 3.4 CITY-ST-ZIP E		
E		
E		
EET ADDRESS 4.3 STREET ADDRESS -S1-ZIP 4.4 CITY-ST-ZIP E	* •	Change Additi
Y-S1-2IP 4.4 CITY-S1-2IP 5.1 TITLE 5.1 TITLE		
E DELETE 5.1 TITLE		
		Change Addit
Æ å2 NAME		
ELI ADDRESS 5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
DELETE 61711LE		Change Addit
62 NAME		
EFT ADDRESS 6.3 STREET ADDRESS		
Y-SI-ZIP I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in S information inducated on this annual report or supplemental appeal report is true and accurate and that my second control in the state of the second control in th		

appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Robert Robertol Tomas