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 # P93000012677 (9)

FILED May 05 1997 8:00am Secretary of State

Principal Plac 737 LINCOLN F STE. R MIAMI BEACH	RD.	Mailing Address 737 LINCOLN RD. STE. R MIAMI BEACH FL 33139-261			
				 Date Incorporated or Qua 02/18/1993 	tified 3a. Date of Last Report 03/21/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	#	26		65-0396819	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.	Į.	5. Certificate of Status Desire	ed . \$8.75 Additional Fee Required
City & Stat	e	City & State	···	6. Election Campaign Finance	4
23		28	·	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation has liabil Florida Statutes	lity for intangible tax under s. 199.032, Yes XNo
24	25 g. Name and Address of Curret		30]	10. Name and Address of N	
HAN	ILEY, RICHARD	······································	81 Name	·····	
	MAIN HIGHWAY		82 Street	Address (P.O. Box Number is Not Ac	ceptable)
MIAI	MI FL 33133			Address (P.O. Box Number is Not Acc	ap 1009
			83		•
		•	84 City	Miami Beach	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.050	12 and 607 1508. Florida Statute	the above come	d corporation automito this atotomant to	the purpose of changing its registered
office or i agent. I a SIGNATURE					vaccept the appointment as registered
12.	Signature, typed or painted name of registered age OFFICERS AN	ent and title if applicable (NOTE: ID DIRECTORS	Hegistered Agent signatur	e required when reinstating) ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 12
THTLE	P	DELETE	1.1 TITLE	1,5511,01,00,111,1020.10	Change Addition
NAME	HANLEY, RICHARD		1.2 NAME		
STREET ADDRESS	11 ISLAND AVE., #1009		1.3 STREET ADDRESS	į	ļ
CITY-ST-ZiP	MIAMI BEACH FL 33139	The state	1.4 CITY - ST - ZIP		Character Little
TITLE	KAHN, PAUL S	☐ DELETE	2.1 TITLE 2.2 NAME)	Change Addition
NAME STREET ADDRESS	5211 MAGGIORE ST.		2.3 STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES FL 33146		2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME	,	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	3.4. C/TY - ST - Z/P		Change Addition
TITLE		["] DETEIR	4.1 TITLE 4.2 NAME		CT Cliange CT Modition
NAME STHEET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ì
CITY-ST-ZIP		T DELETE	5.4 City-St-ZiP		02
FILE		DELETE	6.1 TITLE		Change Addition
NAME CENTER ADDRESS			6.2 NAME		ļ
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		197	6.4 CiTY-ST-ZIP	-total in Danties 110 07(0)(i) Florida	Statutos I further serifuther the

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 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: