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

PROFIT CORPORATION **ANNUAL REPORT**

1997

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Nichham 1

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P93000015008 (4)

		Mailing Address 13889 S.W. 140TH ST. MIAMI FL 33186-5509 US			
	f			3. Date Incorporated or Qualified 03/01/1993	3a. Date of Last Report 07/25/1996
2. Principal Place of Business 21		2a. Mailing Address		4. FEI Number 65-0400472	Applied For
Suite, Apt	#, etc.	26 Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30		Yes No
	9. Name and Address of	Current Registered Agent		10. Name and Address of New Re	glatered Agent
187 MIA	PKINS, MICHAEL S '40 S.W. 92ND AVE. MI FL 33156		83 84 City	et Address (P.O. Box Number is Not Acceptab	FL 85 Zip Code
11. Pursuant office or r agent. I a	12418	07.0502 and 607.1508, Florida Statu State of Florida Such change was obligations of Section 607.0505, F	utes, the above-name authorized by the co- florida Statutes.	ed corporation submits this statement for the perpendicular to the perpe	urpose of changing its registered of the appointment as registered
12.	Signature, typed or printed herre of regis	RS AND DIRECTORS	D16. Registered Agent signal 13.	ure regulfed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DIPLOTORS IN 40
TIPLE NAME STREET ADDRESS	D HOPKINS, GLORIA 7485 SOUTHWEST 1287	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADORES:		ERS AND DIRECTORS IN 12 Change Addition
CITY-ST-ZIP	MIAMI FL 33156		1.4 C(TY - ST - 2)P	,	
NAME STREET ADDRESS CITY-ST-ZIP	HOPKINS, MICHAEL S 18740 S.W. 92ND AVE. MIAMI FL	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRES: 2.4 City-St-Zip	s	☐ Change ☐ Addition ☐
TITLE NAME STREET ADDRESS		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	s	Change Addition .
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - S1 - ZIP 4.1 TITLE		Change Addition

CITY-ST-ZIP 6.4 CITY - ST - 7IP 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 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 eath; 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.

4 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

Change

Change

Addition

Addition

FILED

Jun 10 1997 8:00am

Secretary of State