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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 05 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000027437 (1)

RICHARD BRUHA, P.T., P.A.

NORTH MIAMI FL 33161		SUITE 220 NORTH MIAMI FL 33181-2007 US			Date Incorporated or Qualified 04/12/1993	3a. Date of Last Report 04/16/1996			
2. Principal P	lace of Business	2a, Mailing Address				4. FEI Number	1 7 7	<del></del>	Applied For
21		[26]			65-0403797		<del></del>	Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.					<del></del>	Additional	
22		27	27			5. Certificate of Status Desired			Required
City & Stat	e	City & State			6. Election Campaign Financing		\$5.0	<b>O</b> May Be	
23		28			Trust Fund Contribution			d to Fees	
Zip	Country	Zip	Countr	У		8. This corporation has liability	intangible	tax under	s. 199.032,
24	25	<del>L</del> <del>L</del> , , , , , , , , , , , , , ,	30			Florida Statutes	Yes [		
	9. Name and Address of Curre	nt Registered Agent		- 1		10. Name and Address of New Re	gistered	Agent	
LUN		81 Name							
	6 NW 49 TER		82 Street Addre			ess (P.O. Box Number is Not Acceptate	ole)	<del></del>	
MIA	MI FL 33178			$\downarrow$					
			83	3					
			84	4	City			85 Zij	p Code
	**************************************	·····				oration submits this statement for the p	FL	•	
<ul> <li>Office or r</li> </ul>	egistered agent or both, in the State im familiar with, and accept the obliq	e of Florida. Such change was a	utborized h	w I	the corporati	ion's board of directors. I hereby accept	ot the app	ointment a	as registered
	Signature, typical or pointed name of regions est as			gent	it signature require	ed when reinslating)	DATE		
12.	OFFICERS AN	ND DIRECTORS  DELETE	13. 1.1 TITLE			ADDITIONS/CHANGES TO OFFIC	ERS AND	D DIRECTO	
TITLE	BRUHA, RICHARD	L. DECETE						TT CHARGE	a Magazini
NAME	910 NE 117 ST		1.2 NAME						
STREET ADDRESS	NORTH MIAMI FL 33161		1.3 STREE						
CITY-ST ZIF	HONIN MIAMI PL 33101	DELETE	1.4 CITY - 2 1 TITLE	~~~~	- ZIP			Change	e Addition
NAME			2.2 NAME					C. Cricing	, E Mantion
STREET ADORESS			2.3 STREE		ADDDCCC				
			1						i
CITY - S1 - ZIF		DELETE	2.4 CITY 3.1 TITLE		1-21			Change	e Addition
NAME		hand occur	3 2 NAME						7,000,000
STREET ADDRESS			3 3 STREE		ADORESS				
CITY- ST-ZIF			34 CITY						
TITLE	M. 13.1 (1887) . 17 . A 18.1 (1871) 10.5 (M. 1786) 10.0 (1871) 10.0 (1871) 10.0 (1871) 10.0 (1871) 10.0 (1871)	☐ DELETE	41 TITLE					Change	e Addition
NAME			4. 2 NAM	F					
STREET ADDRESS			4 3 STREE		ADDRESS				
C(TY+\$1+7)2			4.4 CITY-						
TITLE		DELETE	5 1 TITLE		<del></del>		***************************************	Change	e 🔲 Addition
NAME			5.2 NAME	£					
STREET ADDRESS			5.3 STREE		ADDRESS				
CIFY-SI-ZIP			5.4 CITY-		1				
TITLE		☐ DELETE	6 1 TITLE					Change	e Addition
NAME			6.2 NAME	Ē	-				
STREET ADDRESS			6 3 STREE	ET A	ADDRESS				
CITY-SI-ZIP			6.4 CITY-		1				
14. Edo here			y for the ex	en	mption stated	in Section 119.07(3)(i), Florida Statute			
information Lam an c	on indicated on this annual report or officer or director of the corporation of	supplemental annual report is tri or the receiver or trustee empower	ue and acc ered to exe	cur ecu	rate and that ute this repor	t my signature shall have the same lega rt as required by Chapter 607, Florida S	al effect a Statutes; a	s if made u and that m	under oath; that y name