## 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 # P93000029251 (4)

Principal Place of Bu	NATIONAL DEVELOPE	Mailing Address			
888 BRICKELL AVE PENTHOUSE MIAMI FL 33131 US		688 BRICKELL AVE PENTHOUSE MIAMI FL 33131-2913 US			
08		Uð		<ol> <li>Date Incorporated or Quality</li> <li>04/21/1993</li> </ol>	fied 3a. Date of Last Report 03/18/1996
2. Principal Place of	Business	2s, Mailing Address		4. FEI Number	Applied For
21		26		APPLIED FOR 45	- 0414983 Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apl. #, etc.		5. Certificate of Status Desired	A. SR 75 Additional
City & State		City & State		6. Election Campaign Financia	ng <b>\$5.00</b> May Bo
Zip	Country		Country	Trust Fund Contribution	Added to Fees  of for intangible tax under s. 199.032,
24	25	29	30	Florida Statutes	☐ Yes ☐ No
9. N	lame and Address of Curre	nt Registered Agent		10. Name and Address of Ne	w Registered Agent
	A REGISTERED AGENTS,	INC.	81 Name	1.F. Hassan	
200 S. Bişi Ste. <u>48</u> 00-	CAYNE BLVD.		82 Street Apo	ress (P.O. Box Number is Not Acco	eptable)
MIAMI FL 3			83	enthouse	y convice
: .	,		84 City		85   Zin_Coda
<del></del>			<b> </b>	<u>liami</u>	FL 33131
office or registers	rovisions of Sections 607.050 ad agent, or both, in the State	02 and 607.1508, Florida St 5 of Florida. Such change w	atules, the above-named corp as authorized by the corpora	poration submits this statement for t tion's board of directors. I hereby a	the purpose of changing its registered accept the appointment as registered
agent. I am famil	or with, and agree out the oblig	ations of, Section 607.0505	, Florida Statutos		
SIGNATURE Similare	typed of printed name of registered agr	cut applique if applicable	NOTE Registered Agent signature requi	red when minstaling)	DATE
12.	OFFICERS	D DIRECTORS	13.		PFFICERS AND DIRECTORS IN 12
TITLE DPSI		DELETE	1.1 TOLE		Change Addition
NAME HAS	SAN, MOSTAFA		1.2 NAME		
Lat a a a	BRICKELL AVE PENTH <del>O</del> I	<del>USE</del>	1.3 STREET ADDRESS		
CITY-ST-ZIP MIAM	ITL	DELETE	14 CHY-S1-7IP		Character The Character Control of the Charact
NAME			2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS			2.3 STREET ADDRESS	•	
CITY-ST-ZIP			2.4 CITY-ST-7IP		
TITLE		DELETE	31 10UF		Change Addition
NAME			3.2 NAM6		-
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CHY+S1-ZIP		
TITLE		[] DETEIL	4.1 TITLE		Change Addition
NAME			. 4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DECETE	4.4 CITY-ST-ZIP		T Charles
NAME		€) buttle	5.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		DELETE	5.4 CITY - \$7 - ZIP 6.1 TITLE		Change Addition
NAME		L_J 200016	G 2 NAME		E Orleage E Adultion
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP		•	6.4 CITY-S1-ZIP		
14 I do hereby certify	that the information currelie	d with this filing doop not or	valify for the everyotion plates	Lis Caption 140 07/07/0 Florida Cta	

I do nevery certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, if 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 composition or the receiver or trusted 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

M. F. Upper

2-12-97 305-371-300

**FILED** 

Apr 14 1997 8:00am

Secretary of State