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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000030665 (2)

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9. Name and Address of Current Registered Agent BROWN, VICTOR 2901 S BAYSHORE DR STE 7E COCONUT GROVE FL 33133 63 63 City FL 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the apagent Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the apagent Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of office or registered Agent agent and the Lampscable. SIGNATURE Signature, lighted or protos remain of registered agent and the Lampscable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. NAME SIRELE ADDRESS ORY-SI-2IP THE DELETE J DELETE J TITLE AMME 22 NAME 32 NAME SIRELE ADDRESS CITY-SI-2IP THE DELETE 3.1 TITLE AMME SIRELE ADDRESS SIRELE ADDRESS SIRELE ADDRESS SIRELE ADDRESS	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the apparent familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Styrator, typind or period name of registered agent and title 1 applicable. (NOTE: Registered Agent signature required when rematating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE NAME STREET ADDRESS CITY-S1-2IP TITLE DELETE 1.1 TITLE BROWN, VICTOR 1.2 NAME 5901 SW 74 ST ≠205 MIAMI FL 33143 1.4 CITY-S1-2IP TITLE DELETE 2.1 TITLE DELETE 3.3 STREET ADDRESS CITY-S1-2IP TITLE DELETE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS	85 Zip Code
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Los managements and the internation supplies miniming does not quality for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this annual report is 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 other or director of the corporation of the policy of funding properties and that my name appears in Block 12 or Block 13 if managed or or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Victor Brown President

FILED

Apr 03 1997 8:00am

Secretary of State