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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000031268 (4)

3163 NV	TH STREET C at Place of Busine V 46TH ST L 33142	COMMUNITY CO	Mailing 8801 NW	Address V 35 AVE. RD. L 33147-2857							
								<ol> <li>Date Incorporated or Qualified 04/28/1993</li> </ol>	3a, Da 05/0	te of Last R	leport
2. Principal Place of Business			····	2a. Mailing Address				4. FEI Number 65-0411718		الميا	oplied For
	e. Apt. #, etc.	<u>.</u>	h	e, Apt. #, etc.				Certificate of Status Desired		\$8.75	ot Applicable Additional
22 City	& State		27 City	& State		<del></del>		· · · · · · · · · · · · · · · · · · ·			equired
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Zip		Country	Zip	1916, 1816	Count	ry		8. This corporation has liability to	or intangible	tax under s	. 199.032,
24		25	29		30				☐ Yes ☐		
	BUTLER, MAI	ne and Address of C	urrent Hegistered	Agent	8	1 Name		0. Name and Address of New I	registered A	tgent	
	8801 N.W. 35 MIAMI FL 331	AVE. RD.			8:	3	Address	(P.O. Box Number is Not Accept	able)	<b>85</b> Zip	Code
offi age SIGNA	► AH / 17(1)	agent, or both, in the with, and accept the	State of Florida. Su obligations of, Sec	uch change was lion 607.0505, F	authorized t lorida Statut	by the corpes.	poration'	tion submits this statement for the s board of directors. I hereby acc	ept the app	ointment as	registered
	Signature tyr		end agent and tice if apple		TE: Registered A	gent signature	e required w	nen reinstating)	47/	J /	20 IN 40
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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 it 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: MANAGED AND TYPED OF PRINTED NAME OF BIONING OFFICER OF DIRECTOR

4-2791 GOS 638-2939

**FILED** 

May 12 1997 8:00am

Secretary of State

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