SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

Sep 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000051081 (6)

Principal Place of Business Mailing Address 1000 VENETIAN WAY. SUITE 102 MIAMI FL 33139 MIAMI FL 33139 MIAMI FL 33139						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	3a. Date of Last	
2. Principal Place of Business 2a. Mailing Address						07/16/1993 4. FEI Number	06/20/199	Applied For
21 26						65-0440532		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.				\$8.75	Additional
22 -		27				b. Certificate of Status Desired	Fee	Required
City & State	9	City & State				6. Election Campaign Financing		O May Be
23	Country	28 Zip		untry				d to Fees
Zip ·			— —	Untry 6. This corporation owes or has paid the corporation of the personal Property Tax due June 30.		· ·	current year Intangible	
24	9. Name and Address of Curr	29 ent Registered Agent	301	T		10. Name and Address of New Regis		<u> </u>
YO	UNG, RICHARD			81	Name			
1000 VENETIAN WAY				82	Ct. a at A dal-	ess (P.O. Box Number is Not Acceptable		
SUITE 102				02	Street Addre	ess (F.O. Box Number is Not Acceptable	,	
MIAMI FL 33139				83				
					City		85 Zir	p Code
					•		FL	· .
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	502 and 607.1508, Flori te of Florida. Such char igations of, Section 607.	da Statutes, the a ige was authorize 0505, Florida Sta	above ed by dutes	named corpo the corporation.	oration submits this statement for the pur on's board of directors. I hereby accept t	pose of changing the appointment a	its registered as registered
SIGNATURE	Signature, lyped or printed name of registered	agent and title if applicable	(NOTE Registers	ad Anei	nt signalure require	d when reinstating)	DATE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE		ORS IN 12
TITLE	P DELETE		LETE 1.1 T	TL€		☐ Change		e 🔲 Addition
NAME			1.2 N	AME	l			
STREET ADDRESS	1000 VENETIAN WAY STE	102	: 1.3 S	TREET	address			
CITY-ST-ZIP	MIAMI FL			HTY-ST	T+ZIP			
TITLE	1	□ D(LETE 21T	ITLE			☐ Change	e 🔲 Addition
NAME			2.2 N	AME				
STREET ADDRESS			2.3 \$	TREET	ADDRESS			
CITY-ST-ZIP				CITY-S	T-ZIP			
TITLE		DI					∟ Change	e 🔲 Addition
NAME			32 N					
STREET ADDRESS			I.		ADDRESS			
CITY-ST-ZIP		□ Di		CHTY-S	T-ZIP		☐ Change	noifit bA 🔲 e
NAME				NAME			Change	, Adamon
STREET ADDRESS					ADDRESS			ĺ
CITY-ST-ZIP			1	ITY-SI	1			1
TITLE		□ Di			1~2Ir		☐ Change	e Addition
NAME		<u>_</u> ,	5.2 N					
OFOREY ADDRESS			1		1DDDCCC			i

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 suppliemental 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 corporation or trustice of powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if puriged, or on an attachment with an address.

5,4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELFTE