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PROFIT CORPORATION ANNUAL REPORT

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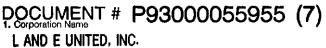


FLORIDA DEPARTMEN

Sandra B. Mor

Secretary of St DIVISION OF CORPORTIONS

FILED Apr 28 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 345 N SHORE DR 345 N SHORE DR MIAMI BEACH FL 33141 MIAMI BEACH FL 33141-2427 3. Date Incorporated or Qualified 3a. Date of Last Report 02/27/1996 08/10/1993 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0436079 Not Applicable 21 26 \$8.75 Additional Suite. Apt. #. etc. Suite Ant # etc 5, Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032, Ζip Country Zip Cuntry 🛛 Yes 🔲 No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WASERSTEIN, RICHARD 913 NORMANDY DR Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI BEACH FL 33141 83 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, thebove-named corporation submits this statement for the purpose of changing its registered 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Stutes. SIGNATURE (NOTE Registed Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Change Addition TITLE DELETE WIGODA, EDITH NAME 1 SIAME 345 N SHORE DR STREET ADDRESS 1.5TREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP 1Y-\$1-21F Change Addition TITLE DEL ETE TLE WIGODA, EDITH 4ME 345 N SHORE DR TREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33141 2(1Y - \$T - Z(P CITY-ST-ZIP Addition TITLE DELETE пц 3. NAME NAME STREET ADDRESS 3 STREET ADDRESS CITY-ST-ZIP 3.4CHY-ST-ZIP Change Addition TITLE DELETE 4.1°11LE NAME 4 (NAME STREET ADDRESS 4 STREET ADDRESS CITY-\$T-ZIP #4 CHTY - ST - ZIP Addition DELETE TITLE 5.151TLE NAME 5 2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Channe Addition DELETE TITLE 6.1TITLE 6.2NAME NAME 6.1 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP his for the excription stated in Section 119.07(3)(i), Florida Statutes. I further certify that the area adoutate and that my signature shall have the same legal effect as if made under eath; that wered to extrude this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the information supplied with this ling does not gual information indicated on this annual report or supplier into an another or director of the corporation of the service or district emptor appears in Block 12 or Block 13 if changed or go an attach nep with productions.