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

**PROFIT CORPORATION** ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P93000056126 (4)

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SECRETARY OF STATE

ENGLE	: MUMES/GULF CUAST, II	<b>V</b> U.		MELANASSE	E. Fl npink
Principal Plac	ce of Business	Mailing Address	<del> </del>		
123 NW 13TH		123 NW 13TH ST			
SUITE 300		SUITE 300			
BOCA RATON FL 33432		BOCA RATON FL 33432		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
9 Principal D	Place of Business	2a. Mailing Address		08/10/1993	
21 Principal P	Tace of Business	├		4. FEI Number	Applied For
Suite, Apt.	#. etc.	Suite, Apt. #. etc.	.1-74	65-0429651	Not Applicable \$8.75 Additional
22	,	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	rrent year Intangible
24	25	29	30		X Yes No
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registered	Agent
	IAPIRO, DAVID		81 Name		
123 N.W. 13TH STREET, SUITE 300		00	82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
RO	ICA RATON FL 33432		83		****
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida Stat	utes, the above-named cr	orporation submits this statement for the purpose of	Changing its registered
office or r	<b>regist</b> ered agent, or both, in the Sta I <b>m familiar</b> with, and accept the obl	ite of Florida. Such chan <b>ge</b> wa	s authorized by the corpo	ration's board of directors. I hereby accept the ap	pointment as registered
	in an income	nganona or, accitorroor.cooc.			
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (N	OTE: Registered Agent signature re-	quired when reinstating) DATE	
SIGNATURE	OFFICERS A	ND DIRECTORS		quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	
SIGNATURE 12. TITLE	OFFICERS A		OTE: Registered Agent signature rei  13. 1.1 TITLE		D DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME	OFFICERS A  DV  ENGELSTEIN, ALEC	ND DIRECTORS  DELETE	DTE: Registered Agent signature res		
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	OFFICERS A  DV  ENGELSTEIN, ALEC  123 NW 13TH ST SUITE 30	ND DIRECTORS  DELETE	DTE: Registered Agent signature re-  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		
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14. Thereby 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 if 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 an adjustment with an address.