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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000068747 (3)

Principal Place of Business Mailing Address  2750 8W 26 AVENUE 2750 SW 26 AVENUE MIAMI FL 33133 MIAMI FL 33133-3166											
								<ol> <li>Date Incorporated or Qualified 10/04/1993</li> </ol>		ate of Last Re 24/1996	eport
<del></del> -	Place of Busine	ess	2a. Mailing Address					4. FEI Number		Ap	plied For
Sulte. Apt.	# oto		26	26				65-0449148			t Applicable
22 Suite, Apt.	. ₩, ĐIG.		<u> </u>	27				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Stat	lė			City & State				6. Election Campaign Financing		\$5.00	
23			28	<b>├</b> ~~٦				Trust Fund Contribution		Added t	
Zip		Country	Zip		Country	,		8. This corporation has liability for	r intangible	tax under s.	199.032,
24	25		29					Florida Statules Yes No			
		nd Address of Curre	nt Registere	d Agent		T		10. Name and Address of New F	Registered .	Agent	
LITMAN, NEAL S					81	Name					
2000 S DIXIE HIGHWAY					82	82 Street Address (P.O. Box Number is Not Acce			able)		
SUITE 101					83		·				
MIAMI FL 33133						63					
					84 City				FL	<b>65</b> Zip 0	Code
11. Pursuant office or r agent. I a SIGNATURE	am familiar with	ns of Sections 607.05 nt, or both, in the Stat, and accept the obli	gations of, Se	ction 607.0505, F	torida Statutes	S.		tion submits this statement for the s board of directors. I hereby acc	purpose of ept the app	changing its	s registered registered
12.	<del></del>			nont and title if applicable (NOTI: Registered Agent signature ND DIRECTORS 13.			e required w	ADDITIONS/CHANGES TO OFF		DIRECTOR	S IN 12
TITLE	D			DELETE		11701				Change	Addition
NAME	VINCENT, EDWARD			1.2 N/			Edward F. Vincen			•	
STREET ADDRESS				1.3 \$18		ADDRESS	Formard F. Vincent Co Feldstone Pd Stambord CT 0676		1		
CITY-ST-ZIP	STAMFOR	D CT			1.4 CITY - S	1 - ZIP	200	mbre, cq 0610	<i>-</i>		
TITLE				DELETE 2.17)				•		Change	☐ Addition
NAME				2.2 NAME							ļ
STREET ADDRESS				2351							
CITY-ST-ZIP TITLE	<del></del>			☐ DELETE	2. 4 CITY - 5 3.1 TITLE	51 - ZII <sup>1</sup>	<del> </del>			Change	Addition
NAME				occir	3.2 NAME					E Change	
STREET ADDRESS					3.9 STREET	ADDRESS					
CITY-ST-ZIP	1				3.4. CITY - S						
TITLE				DELETE	4.1 TOLE		1			Change	Addition
NAME					4. 2 NAME						
STREET ADDRESS					4.3 STREET	ADDHESS	1				
CITY-ST-ZIP		·			4.4 C!TY - S	1 - ZIP					
TITLE		_		DETETE	5 1 THLE			_,		Change	Addition
NAME					5.2 NAME						{
STREET ADDRESS					5.3 STREET	ADDRESS					
CITY-ST-ZIP				T ASSESSED	5.4 CITY-S	T - ZIP	<u> </u>	····		<b>—</b>	- <del></del>
TITLE				DELETE	6.1 TITLE					Change	Addition
					6.2 NAME						
STREET ADDRESS					6.3 STREET	ADDRESS	!				-

6,4 CITY-S1-ZIP

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 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 on an attachment with an address.

MONATURE SIL ANTICE POSIDO

4/11/97

**FILED** 

Apr 23 1997 8:00am

Secretary of State