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

PROFIT CORPORATION **ANNUAL REPORT**

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jul 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000075222 (8)

		Mailing Address 9509 HARDING AVE SURFSIDE FL 33154-2501		1 14 14 14 14 14 14 14 14 14 14 14 14 14	
<u></u>				3. Date Incorporated or Qualified 11/01/1993	3a. Date of Last Report 06/03/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		26		65-0445593	Not Applicable
22		27 Soile, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional 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 has liability for i	ntangible tax under s. 199.032,
24	26		10		Yes No
	9. Name and Address of Currer	it Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	STILLO B, ALVARO ESQ HMACHTENBERG & CASTILLO		of Name		
	3 SUNSET DR SUITE 201		82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)
	MI FL 33143		83		
l min.	1 L 00 1 10				
			84 City		FL 85 Zip Code
11, Pursuant office or agent. I a SIGNATURE				oration submits this statement for the p ion's board of directors. I hereby accep	
12.	Signature, typed or printed name of registered ago	ont and title if applicable (NOTE: D DIRECTORS	Registered Agent signature require	od when reinstaling) ADDITIONS/CHANGES TO OFFIC	OATE
TITLE	PD	DELETE	1,1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	PATAKY, ERNESTO		1.2 NAME		12 · · 3
STREET ADDRESS	9509 HARDING AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33154		1.4 CITY - ST - ZIP		
TITLE	VO"	DELE 1E	2.1 TITLE		Change Addition
NAME	BALKACHUK, PHILLIP		2.2 NAME		
STREET ADDRESS	9509 HARDING AVE		2.3 STREET ADDRESS		+
CITY-ST-ZIP	MIAMI FL 33154		2. 4 CiTY-ST-ZIP		
TITLE	TD DIOCINANT ANITA	☐ DELETE	3.1 THLE		Change Addition
NAME	BIGELMAN, ANITA		3.2 NAME		
STREET ADDRESS	9509 HARDING AVE MIAMI FL 33154		3.3 STREET ADDRESS		
CITY-ST-ZIP	SD SD	DELETE	3.4. CITY - ST - ZIP		Change Addition
TITLE	SRAGOWICZ, RAQUEL	C DECLAR	4.1 TITLE		Change Addition
NAME AXOSSY ARROPERS	9509 HARDING AVE		4. 2 NAME		
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33154		4.3 STREFT ADDRESS		
TITLE	AS	☐ DELETE	4.4 CHY-ST-ZIP 5.1 TITLE		Change Addition
NAME	BAKALCHUK, LEE	—	5.2 NAME		
STREET ADDRESS	9509 HARDING AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33154		5.4 CITY - S1 - ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

6.4 CITY-\$1-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 arrival report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; 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 organ attachment with an address