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 # PORODOROGET (2)

Principal Plac 7069 SW 47TH	WG, INC. The of Business I STREET	Mailing Address 7069 SW 47TH STREET MIAMI FL 33155-4852			
Miami FL 3315 -	55	MIRMI FL 33133-4032			
					n. Date of Last Report 01/31/1996
	face of Business	2a. Mailing Address		4, FEI Number 65-0456060	Applied For
Suite Apit.	#, etc	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	CC	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Žφ	Country	Ζφ	Country	8. This corporation has liability for intangent	gible tax under s. 199.032,
24	25 9. Name and Address of Curre	29 rt Registered Agent	30	Florida Statutes Yes 10. Name and Address of New Registe	red Agent
SCF	HULTZ, MIMI	Triogramme Agent	B1 Name	10. Hallo did Houlous of Hou Togale	TOO FIGURE
7069 SW 47TH STREET			82 Street Add	et Address (P.O. Box Number is Not Acceptable)	
MIA	MI FL 33155				
			83	•	
			84 City		E Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the above-named cor	poration submits this statement for the purpo	se of changing its registered
office or t agent 1 a	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such ch ange was a gations of, Section 607.0505, Fi	authorized by the corpora orida Statutes.	poration submits this statement for the purportion's board of directors. I hereby accept the	appointment as registered
SIGNATURE					(TE
12.	Signatural typed or printed name of registered ag OFFICERS AN	POT BUT THE IT APPLICABLE (NO.)	E: Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS	
THE	D	☐ DELETE	11 TITLE		Change Addition
NAME	ALLEN, EDWARD	•	1.2 NAME		
STREET ADDRESS	7069 SW 47TH STREET		1.3 STREET ADORESS		
CITY-ST-ZIP THEE	MIAMI FL 33155	DELETE	1.4 CITY-ST-ZIP 2.1 TiTLE		Change Addition
NAME	SCHULTZ, MIMI	- Deffet	2.2 NAME		Li Change Li Abunon
STREET ADDRESS	7069 SW 47TH STREET		2.3 STREET ADDRESS		
CHY-SI-7/P	MIAMI FL 33155		2.4 CITY - ST - ZIP		
TITLE		DELETE	31 TITLE		Change Addition
NAME			32 NAME	•	}
STREET ADDRESS			3.3 STREET ADDRESS		
CITY ST ZIP		DELETE	3.4 CITY-ST-ZIP		Change Addition
TITLE NAME		U DELETE	4.1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY ST-7IF			4.4 CITY - ST - ZIP		
Title	\$ 14 19 11 11 12 12 12 12 12 12 12 12 12 12 12	DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		[
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-S1-7IP			5.4 CITY-ST-ZIP		
111111		DELETE	6.1 TITLE		Change Addition
NAMI			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

6.4 CITY - ST - 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 an an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NA

Daytime Priorie #

FILED

Apr 08 1997 8:00am

Secretary of State

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