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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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May 13 1997 8:00am

Secretary of State

R KARINATA KUR KAKRA SKINK BAKKU BOKKI BAKKI BOKOL KINAR KINAR KAKUD KUTOL KOTA KORIK

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000083827 (4)

FACILITIES INTERNATIONAL CORPORATION

Principal Place of Business 255 ALHAMBRA CIRCLE SUITE #1100 CORAL GABLES FL 33134 US 2. Principal Place of Business 21 Suite, Apt. #, etc. 22		Mailing Address 255 ALHAMBRA CIRCLE 5-#1100 CORAL GABLES FL 33134-7411 US 2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/30/1993 04/30/1996 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State	}	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 i	
Zip 24	Country 25 9. Name and Address of Current		Country 30		8. This corporation has liability for in]Yes ☐ No	199.032,
11. Pursuant toffice or reagent Lar				City e-named cor y the corpora	fress (P.O. Box Number is Not Acceptab poration submits this statement for the p ation's board of directors. I hereby accep	FL 85 Zip C urpose of changing its at the appointment as r	
12.	Signature, typed or printed name of registered agen OFFICERS AND		Registered Age	ent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS	S IN 12
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D DADY, ROBERT E 100 SE SECOND STEET #4000 MIAMI FL	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET			Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D BLUMBERG, PHILIP 255 ALHAMBRA CIRCLE S#110 CORAL GABLES FL	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY	ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS: CITY-ST-7IP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-	ADDRESS		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-5	ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZP		DELETE	5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREE 6.4 CITY-3	ADDRESS		☐ Change	Addition
44 I do borot	by cortify that the information supplied in indicated on this annual report or si ficer or director of the corplyation or in Block 12 or Block 73 if grunged, or	with this filing does not qualify upplemental annual report is tru the receiver or trustee empowe on an attachment with an addr	for the ave	motion state	od in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S	 I further certify that t l effect as if made und tatutes; and that my na 	he ler oath; tha ame