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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 07 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000087430 (3)

700 CORP.

NAMe

STREET ADDRESS

SIGNATURE:

14. Edo hereby certify that the informati information indicated on this annual

Lam an officer or director of the coappears in Black 12 or Block 13 if

report of

SIGNATURE AND IN

DITY ST. 765

Principal Prace of Business Mailing Address % LERMAN AND LERMAN 700 N. ATLANTIC BLVD. FT. LAUDERDALE FL 33304 48 FLAGLER ST. PH #101 MIAMI FL 33131-1012 3a. Date of Last Report 3. Date Incorporated or Qualified 12/22/1993 04/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0370256 26 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country This corporation has liability for inlangible tax under s. 199.032, Country  $Z_{00}$ 29 30 Florida Statutes ]Yes 🔲 No 24 25 Registered Agent 10. Name and Address of New 9. Name and Address of Current Registered Agent 81 Name LERMAN, JORGE 48 EAST FLAGLER ST PH 10 82 Street Address (P.O. Box Number is Not Acceptable) PH 101 83 **MIAMI FL 33131** 84 City Zip Code F 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent it am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. Standard type for print all name of regions of algorithms tall title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) Change Addition \_\_\_ DELETE THLE 11 TOTAL BERGER, HARRY 1.2 NAME NAME 48 E. FLAGLER ST. STREET ADDRESS 1,3 STREET ADDRESS **MIAMI FL 33141** C-TY - ST - ZIF 1.4 CITY-ST-ZIP **VPD** DELETE Change Addition 2 1 TITLE TITLE BRYSKI, ARON 2.2 NAME 48 E. FLAGLER ST. 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL CHY-ST Zet 2 4 CHY-ST-ZIP VPN DELETE Change Addition 3.1 TITLE Tillia BERGER, JOSEF NAMI 3.2 NAME 48 E. FLAGLER ST. 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL CHY-ST 70 3.4. CITY - ST - ZIP SD DELETE Change Addition 4.1 TITLE BILL LERMAN, JORGE 4. 2 NAME NAME 48 E. FLAGLER ST. PH 101 STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL 4 4 CITY-ST-ZIP Off r - S1 78 DELETE Change Addition TITLE 5.1 THTLE LERMAN, ISIDORO 5.2 NAME NAM 48 E. FLAGLER ST PH 101 5.3 STREET ADDRESS STREET ADDRESS: MIAMI FL 5 4 CITY-ST-ZIP COY-SI DELETE Change Addition 61 TITLE TILLE

6.2 NAME

63 STREET ADDRESS 64 CITY-ST-ZIP

ied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that it is receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Daytime Phone