SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400001951 (0)

S118, I	INU.					1 (88) 661 16 (41) 4(4) 44) 44		
Principal Plac	e of Business	Mailing Address					J 00111 00105 H010 (0101 1	
12706 S.W. 9		12706 S.W. 95TH COUR						
MIAMI FL		MIAMI FL						
						DO NOT WRITE		
						3. Date Incorporated or Qualified	3a. Date of Last R	
9 Principal P	lace of Business	2a. Mailing Address	a. Mailing Address			01/10/1994 4. FEI Number	05/01/1996	
21 21	IAGE OF DUSINOSS		26. Walling Address			4. FEI Number Applied For Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	. - - - - - - - - - 			· ·	¢0.75	Additional
22		27	27			5. Certificate of Status Desired	1 - 1 - 1	equired
City & Stat	θ	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	<i>Ζ</i> φ	—	untry		This corporation owes or has pair		
24	25 9. Name and Address of Curr	29 ant Basistered Acoust	30	1		Personal Property Tax due June 10. Name and Address of New Rec		No
DAI		aur vaðisteian viðaur		81	Name	10. Maine and Address of New Neg	listered water	
BAKER, WILLIAM S 12706 S.W. 95TH COURT								
	MI FL			82	Street Add	ress (P.O. Box Number is Not Acceptable	e)	ľ
WILL	Will I L			83				
				84	City		FL 85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, office or registered egent, or both, in the State of Florida, Such change was auth					named corp	poration submits this statement for the pi		ts registered
office or r	registered agent, or both, in the Sta im familiar with, and accept the ob-	ite of Florida. Such change was ligations of, Section 607.0505, F	authorize Iorida Sta	ed by t stutes.	the corpora	tion's board of directors. I hereby accep	t the appointment as	registered
SIGNATURE	,	•						
	Signature, typed or printed name of registered		1t : Reg stere	ed Agent	t signature requi	red when reinstating)	DATE	
12.		IND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		
TITLE	D DAVED MAILLAM C	☐ DELETE 1,11					L.J Change	Addition :
NAME	BAKER, WILLIAM S 12706 S.W. 95TH COURT		1.2 NAME 1.3 STREET ADDRESS					l.
STREET ADDRESS	MIAMI FL 33176		2		- 1			1
CITY-ST-ZIP TITLE	Milwill LF 00 110	DELETE	2.1 7	HTY-ST-	ZIP		Change	Addition
NAME			22 N					7.00.110.1
STREET ADDRESS				STREET A	DDRESS			
CITY-ST-ZIP			2. 4 CITY-		}			1
TITLE		DELETE	3.1 TI		<u> </u>		Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS	,		3.3 STREET		DDRESS			
CITY-ST-ZIP	<u> </u>	3.4		CITY-S1	- ZIP			
TITLE		DELETE	4.1 1/11.6				☐ Change	Addition
NAME			4.21	NAME				
STREET ADDRESS			4.3 S	STREET A	DDRESS			1
CITY-ST-ZIP			44C	OTY-ST-	-ZIP			
TITLE		DELETE	51 TITLE				☐ Change	☐ Addition
NAME			5.2 N	IAME				
STREET ADDRESS			5.3 S	STREET A	DDRESS			
CITY-ST-ZIP			5.4 CITY- S		ZIP			777
TITLE		☐ DELETE	6.1 TI				Change	Addition
NAME			6.2 N					
STREET ADDRESS			6.3 S	TREET A	DDRESS			
OITY OF THE	i		■ c 4 ∧	NEW OY	no I			

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), Fiorida Statutes. I further certify that the information indicated on this armual 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.

FILED

Jul 18 1997 8:00am

Secretary of State