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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400002561 (6)

Principal Place	ON AVENUE	Mailing Address 999 WASHINGTON AVENU MIAMI BEACH FL 33139-5			
				3. Date Incorporated or Qualified 01/11/1994	3a. Date of Last Report 05/01/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			65-0458539	Not Applicable	
22 27		├ ─		Certificate of Status Desired	\$8.75 Additional Fee Regulard
City & State	θ	City & State		Election Campalgn Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25 25 Name and Address of Currer	29	30	Florida Statutes 10. Name and Address of New Re	Yes No
ARR	AHAM A. COALBOT	it riogistored Agent	81 Name	10. Name and Address of the fi	Systema Agont
999	WASHINGTON AVE. MI BEACH FL 33139		82 Street Addi 83 84 City	ress (P.O. Box Number is Not Accepta	FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NO	IL: Rogisterod Agent signaturø requi	· · · · · · · · · · · · · · · · · · ·	DATE
12.	OFFICERS AN	D DIRECTORS DELETE	13,	ADDITIONS/CHANGES TO OFFI	[
NAME STREET ADDRESS CITY-ST-ZIP	KAHN, SONNY 999 WASHINGTON AVENUE MIAMI BEACH FL 33139	C DEFEIR	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Li Change Li Addition 8
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	GALBUT, RUSSELL W 999 WASHINGTON AVENUE MIAMI BEACH FL 33139		2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP	· ·	
TITLE	1	DELETE	3.1 TITLE		Change Addition
NAME	DACHOH, SHLOMO		3.2 NAME		
STREET ADDRESS	999 Washington Avenue Miami Beach FL 33139		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI DEACH FL 33139	DELETE	3.4, CITY - \$1 - ZIP		Change Addition
TITLE NAME			4.1 T(TLE 4. 2 NAME		Change C Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	······································	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADORESS			53 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
CTOCCT ADDDCCC	i e e e e e e e e e e e e e e e e e e e		C 9 PROFES ADDRESS		ŀ

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 on an attachment with an address. 914-41-9012

6.4 C(1Y - \$1 - 2(P