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 # P94000017657 (5)

Principal Place		Mailing Address 2600 COLLINS AVE.			
# 207		# 207		DO 110-110-1	W. 7/10 0D LOS
MIAMI BEACH FL 33140 MIAMI BEACH FL 33140				DO NOT WRITE	
				3. Date Incorporated or Qualified	3a. Date of Last Report
9 Principal Di	lace of Business	2s. Mailing Address		03/07/1994 4. FEI Number	08/05/1996
21 Principal Pi	IDOO OF DUSINOSS	— <u> </u>		· ·	Applied For Not Appl cable
Suite, Apt.	# otc	26 Suite, Apt. #, etc.		65-0470165	CO 75 Additional
22	n, 0.0.	27		5. Certificate of Status Desired	Fee Regulred
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	
24	26	29	30	Personal Property Tax due June	
	9. Name and Address of Curre			10. Name and Address of New Re	
MAI	RTINEZ, HENRY		81 Name		
	O COLLINS AVE.		82 Street Addi	ress (P.O. Box Number is Not Acceptab	le)
# 2			Street Addi	1005 (F.O. DON MUNICIPALIS MOLACOPIAD	io,
	MI BEACH FL 33140		83		**************************************
-,-			84 City		AR Zin Onda
			117		FL 85 Zip Code
SIGNATURE				poration submits this statement for the p lion's board of directors. I hereby accep	
12.	Signature, typed or printed name of registered as	ID DIRECTORS (NOT)	E: Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFIC	EDS AND DIDECTORS IN 19
TITLE	D OFFICENS A	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	MARTINEZ, HENRY A	- Office	1.2 NAME		
STREET ADDRESS	2800 COLLINS AVE., # 207		1.3 STREET ADDRESS		•
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 CHTY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		Change Acdition
NAME	BROWN, JAMES R		2.2 NAME		
STREET ADDRESS	5422 214 CTS		2.3 STREET ADDRESS		
· · · · · · · · · · · · · · · · · · ·	BOCA RATON FL 33486		2. 4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	200	DELETE	3.1 Title		Change Addition
NAME		<u></u>	3.2 NAME		
STREET ADDRESS			3.2 NAVICE 3.3 STREET ADDRESS		
			3.4. CITY-ST-ZIP		
CITY-ST-ZIP		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		head come. a	5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
			5.4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME :		_ better	6.2 NAME		THE COMMENT AND MICH
			6.3 STREET ADDRESS		
STREET ADDRESS			0.5 STREET ADDRESS		

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.

FILED

Sep 17 1997 8:00am

Secretary of State