

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

FILED

Jan 14 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|---|---|

DOCUMENT # **P94000038050 (8)**

1. Corporation Name
A.D.K.M., INC.




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|--|---|
| Principal Place of Business 241 NORTH SHORE DRIVE ONE BISCAYNE TOWER 2 S. BISCAYNE BLVD.3400 MIAMI BEACH FL 33141 US | Mailing Address 241 NORTH SHORE DRIVE ONE BISCAYNE TOWER 2 S. BISCAYNE BLVD.3400 MIAMI BEACH FL 33141-2425 US |
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|--|--|---|--|--|--|
| 2. Principal Place of Business 241 NORTH SHORE DRIVE | | 2a. Mailing Address 241 NORTH SHORE DRIVE | | 3. Date Incorporated or Qualified 05/20/1994 | 3a. Date of Last Report 05/29/1996 |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 65-0491251 | Applied For Not Applicable |
| 22 City & State MIAMI BEACH, FL | | 27 City & State MIAMI BEACH, FL | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 Zip 33141 | | 29 Zip 33141 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 Country US | | 30 Country US | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|---|--|--|--|---|-----------------------------|
| 9. Name and Address of Current Registered Agent GONZALEZ, ENRIQUE III ONE BISCAYNE TOWER STE. 3400 2 S. BISCAYNE BLVD. MIAMI FL 33131 | | | | 10. Name and Address of New Registered Agent | |
| | | | | 81 Name AILTON FONSECA | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 241 NORTH SHORE DRIVE | |
| | | | | 83 | |
| | | | | 84 City MIAMI BEACH | 85 Zip Code 33141 |

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **1/7/97**

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|--------------------------------|---------------------------------|--|---|---|--|--|
| TITLE | PD | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | AILTON FONSECA | | | 1.2 NAME | | | |
| STREET ADDRESS | 241 NORTH SHORE DRIVE | | | 1.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | MIAMI BEACH FL | | | 1.4 CITY - ST - ZIP | | | |
| TITLE | VPD | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | KELLY JAQUELINE FONSECA | | | 2.2 NAME | | | |
| STREET ADDRESS | 241 NORTH SHORE DRIVE | | | 2.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | MIAMI BEACH FL | | | 2.4 CITY - ST - ZIP | | | |
| TITLE | SD | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MARIA FONSECA | | | 3.2 NAME | | | |
| STREET ADDRESS | 241 NORTH SHORE DRIVE | | | 3.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | MIAMI BEACH FL | | | 3.4 CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 4.4 CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 5.4 CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 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), 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.

SIGNATURE:  DATE **1/7/97** DAYTIME PHONE # **305 261 6257**

CR2E034 (9/96)