FILE NOW: FILING FEE AFTER MAY 1 IS \$5\$0.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000046250 (4)

Principal Plac 5801 CAMINO #207 BOCA RATON	DEL SOL	Mailing Address 5901 CAMINO DEL SOL #207 BOCA RATON FL 33433-6525		3. Date Incorporated or Qualified	3a. Date of Last Report
			•	06/21/1994	04/25/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0534665	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e .	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 has liability for	intangible tax under s. 199.032,
24	[26]	29 30			Yes No
<u> </u>	g, Name and Address of Current MALDI, ANTONELLA	Hegistered Agent	81 Name	10. Name and Address of New R	egistered Agent
11. Pursuant office or ragent. I a	TO THE PROPERTY OF THE PROPERT	and 607.1508. Flor la Statutes, i Florida. Such change was aut ons of, Section 607.0605, Florid	82 Sueet Add 83 84 City State of the above-named corporate by the corporate a Statutes.	SUA RUTON	purpose of changing its registered opt the appointment as registered
SIGNATURE	Signific Ayped or printed name of registered aprint	and title if applicable (NOTE: Re	egistered Agent signature requ	rired when reinstating)	DATE
12.	OFFICERS AND		18.	ADDITIONS/CHANGES TO OFFI	
TITLE	PTD ANYONG LA	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GRIMALDI, ANTONELLA 5901 CAMINO DEL SOL, #207		1.2 NAME		
STREET ADDRESS	BOCA RATON FL 33433		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOOK HATON 1 C 33433	DELETE	1.4 CHY+ST-ZIP 2.1 TITLE		Change Addition
NAME			22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. # CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		i
STREET ADDRESS			3.3 STREET ADDRESS		Į.
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME 🚅			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		- Decree	4 4 CITY-S1-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Document	5.4 CITY-ST-ZIP		[[[]]] [] [] [] [] [] [] []
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	·	İ
STREET ADDRESS			6.3 STREET ADDRESS		ĺ

6.4 DITY-SI-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 symplemental 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 compration of the receiver of trushe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if dranged, or on an attachment with an address.