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. Morham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000049046 (3)

1. Corporatio	on Name			0070 (0	~)							
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Principal Plac	e of Busines	SS	Ma	ailing Address				1 10011041	IN INIKE BINIK NEKE SUPE			ALIF WHILE I DAY
8860 NW 15TH ST 8860 NW 15TH ST												
MIAMI FL 33172 US				MIAMI FL 33172 US				DO NOT WRITE IN THIS SPACE				
00			00	•				3. Date Incom	porated or Qualified		ate of Last F	Report
]								06/30/1			1/19/1996	•
2. Principal Place of Business			2a. Mailing Address				4. FEI Numbe		¥		pplied For	
21			26				65-051	3590	,	N	ot Applicable	
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate	of Status Desired			Additional equired
City & State			28	City & State					mpaign Financing Contribution			May Ee to Fees
Zip		Country		Zip	Coun	try			ation owes or has	paid the cu		
24		25	29		30			Personal P	roperty Tax due Ju	ne 30.	Yes [□ No
		and Address of C	urrent Regist	tered Agent			03.0		Address of New I	Registered	Agent	
	BOTT, ELIC				[*	31 Name	9 DII	non Feri				
999 PONCE DE LEON BLVD SUITE 1150				62 Street A			Addres	SS (P.P. BOX HIP	mber is Not Accept	able)		
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11. Pursuant	to the provis	sions of Sections (0) gent, or both, in this ith, and ascept the	7.0502 and 60	07.1508 Florida St	atutes, the abo	ove-named	d corpor	ration submits th	is statement for the	purpose o	of changing i	its registered
l Ollice Oll	ofision of af		Office of Florid							opi ule ap	או ויוסויונווועטן	registered
agent.la	ım fam iliar wi	ith, and a cept the	obligations of,	, Section 607.5505					•	~	1.1.	
agent, I a SIGNATURE		/ XM Z			Sim	on 1	GR	ro		2 8	14/9	7
ľ		for printed name of registor	red agent and tille i	it applicable		on 1	GR	RO when reinstating)		DAY	149	7
SIGNATURE	Signature, period	d or priviled name of registor OFFICERS		it applicable	S/M NOTE: Registered	Agent signatur	GR	RO when reinstating)	CHANGES TO OF	DAY	D DIRECTOR	7
SIGNATURE	D FERRO,	or priviled name of registor OFFICERS	red agent and tille i	if applicable	NOTE: Registered	Agent signatur	re required	RO when reinstating)	CHANGES TO OFF	DAY	D DIRECTOR	RS IN 12
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14. I do hereby certify that the information synahed 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 fursice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if orlanged, or on an attachment with an address.

64 CITY-ST-ZIP

aluka

(367)

FILED

Sep 12 1997 8:00am

Secretary of State