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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPAR'IMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	IVIEIN I # on Name ESTMENTS,		005110	2 (9)						
Principal Place of Business 1870 NW 17 AVE MIAMI FL 33125			1670 NW 17	Mailing Address 1670 NW 17 AVE MIAMI FL 33125-2345						
							 Date Incorporated or Qualific 07/05/1994 		ate of Last 09/1996	Report
2. Principal P	Place of Business		} -¬ -	2a, Mailing Address 26			4. FEI Number 65-0502303			Applied For
Suite, Apt.	#, etc		Suite, A	Suite. Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional Required
City & Stat	e			City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	25	Country	7ip		Country 30		This corporation has liability f Florida Statutes	or intangible X Yes [s 199.032,
			ent Registered Ag	jent	B1		10. Name and Address of New	Registered	Agent	
	LOWILSKY, LIN	IDA				Name				
1870 NW 17 AVE MIAMI FL 33125						Street A	ddress (P.O. Box Number is Not Acceptable)			
					84	City			85 Zip	Code
							<u> </u>	• ·		
office or r agent. I a	to the provisions registered agent, im familiar with, a	of Sections 607.0. or both, in the Sta nd accept the obl	502 and 607.1508, ite of Florida. Such igations of, Section	Florida Statut change was a 607.0505, Flo	es, the abov authorized by orida Statute	e-named o y the corp s.	corporation submits this statement for the oration's board of directors. I hereby acc	ept the app	Lichanging iointment a:	its registered s registered
SIGNATURE	Stonature, lyned or prin	ated name of reachered a	aga et nud tide if applicable	rkO1	E: Bea senad Aa	est sinuature r	required when rematating)	DATE		
12.		er commence of the commence	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12
TITLE	STOLOWILSKY, LINDA 1670 NW 17 AVE			☐ DELETE					☐ Change	☐ Addition
NAME										
STREET ADDRESS	MIAMI FL 331					ADDRESS				
CITY-ST-ZIP TITLE	VSD	, EV		DELETE		SI - ZIF			Change	Addition
NAME	STOLOWILSK	Y, IRWIN	,		2 1 TITLE 22 NAME				L_1 Ondarigo	//do-00/1
STREET ADDRESS	1870 NW 17				2.3 STREE	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33125			2		S1-ZIP				
TITLE				DELETE	3.1 101.0				Change	Addition
NAME						- 1				
STREET ADDRESS					3.3 STREET	ADDRESS				
CITY - ST - ZIP				Drugar	3 4. CITY-	S1 - 71P			1 0	· · · · · · · · · · · · · · · · · · ·
TITLE				J DELETE	413111				[Unange	Addition
NAME					4 2 NAMI	Anunrau				
STREET ADDRESS					4.3 \$TREET					
TITLE				DECETE	4.4 CHY- S 5.1 THE	I ZIP			Change	Addition
NAME			•		5.2 NAME				C	<u></u>
STREET ADDRESS					5.3 STREET	ADDRESS				ı
CITY-ST-ZIP					5.4 CHY-S					
TITLE			J	DELETE	61 HH				Change	Addition
NAME					62 NAME	i			•	-
STREET ADDRESS					6.3 STREET	ADDRESS				Ì
CITY-ST-ZIP				6.4 CRY - S1 - 21P						
									:	

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 13 if changed, or on an attachment with an address.

0 4-10-87

FILED

Apr 17 1997 8:00am

Secretary of State