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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 12 1997 8:00am

Secretary of State

305 532 2062

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # P9400053651 (3)

Principal Place 420 LINCOLN BE		Mailing Address 420 LINCOLN RD. #253		· · · · · · · · · · · · · · · · · · ·				
MIAMI BÉACH FL 33139		MIAMI BEACH FL 33139-3009		3. Date Incorporated or Qualified 07/18/1994	3a, Date of Last Report 12/23/1996			
	ace of Business	2a. Mailing Address			4. FEI Number	h	Applied For	
21 ムえる i Suite, Apt. #	23 Rd, Street	Suite, Apt. #, etc.			65-0524748 5. Certificate of Status Desired	\$8.75 Additional		
22		27			o, Certificate of Status Desired	Fee	Required	
City & State	// - 1 - 4	City & State			6. Election Campaign Financing Trust Fund Contribution		00 May Be ad to Fees	
Zip Country Zip Cou 24 33 39 25 USA 29 30				f	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Current			······································	10. Name and Address of New Re	gistered Agent		
KING,	SANFORD L		81	Name				
18441 N.W. 2ND AVE				Street Add	Address (P.O. Box Number is Not Acceptable)			
#219 MAMI FL 33169				 	77777			
MIAM	I FL 33169							
			84	City		FL 85 Zi	ip Code	
11. Pursuant to office or reagent Lar	o the provisions of Sections 607.0502 gistered agent, or both, in the State in familiar with, and accept the obliga G. AALE OR.	and 607,1508, Florida Statute: of Florida. Such change was au- tions of, Section 607,0505, Floring	s, the above uthorized by rida Statuse	e-named corpora s.	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of changing it the appointment :	its registered as registered	
SIGNATURE	SANFORD LKI Signature, types or printed name of registered ager		: Registered Ag	ent signalur req	uired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO		
NAME	D Brier, Greg	DELETE	1.1 TITLE 1.2 NAME	-	(/	L Criang	K T WOOLIOU	
STREET ADDRESS	1351 LENOX AVE			T ADDRESS				
CITY-ST-ZIP	MANUSPACIFICACAS		1.4 CITY			•		
TITLE	DELETE		21 TITLE			☐ Chang	e Addition	
NAME			22 NAME	ļ				
STREET ADDRESS			23 STREE	T ADDRESS		•		
CITY - ST - ZIP		DELETE	2. 4 CITY-	ST-ZIP		Chano	ne Addition	
TITLE NAME			3.1 TITLE 3.2 NAME			L Chang	crodition	
STREET ADDRESS				T ADDRESS				
CITY - ST - ZIP			3.4. CITY-					
MILE		☐ DELETE	4.1 TITLE			☐ Chang	e Addition	
NAME			4. 2 NAME					
STREET ACORESS			4.3 STREE	T ADDRESS				
CHY-\$1-7#			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Chang	ge Addition	
NAME			5.2 NAME					
STREET ADDRESS			4	T ADDRESS				
CHY-SI-ZIE THLE		DELETE	5.4 City 6.1 Title	31-ZIP		☐ Chang	ne Addition	
NAME		Secretary of the second of the	6.2 NAME					
STREET ADDRESS				T ADDRESS	'			
CHY ST-ZIP			6.4 City					
14. I do hereb information Fam an of	i indicated on this annual report or si	upplemental annual report is tri the receiver or trustee empowe	y for the exue and according to the execution of the exec	emption state urate and th	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S	al effect as if made i	under oath; that	