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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400054811 (2)

A & I ENTERPRISES OF SOUTH FLORIDA, INC.

FILED May 14 1997 8:00am Secretary of State

			NK DI		

Principal Plac	e of Business	Mailing Address				3 IN DESIGNATION (IN CASUL AND IN AND IN AND IN AND IN AND IN	ABIBI BIILL BIRRI IBIBI II	401 1101 1001	
2061 SW 70 A	VENUE	2061 SW 70 AVENUE	2061 SW 70 AVENUE						
BAY F-2 DAVIE FL 333	17	BAY F-2 DAVIE FL 33317-7328							
US	•	US				3. Date Incorporated or Qualified			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number 65-0506530	Applied For		
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional Required	
City & Stat	te	City & State				6. Election Campaign Financing	\$5.00	0 May Be	
23	and the property of the proper	28				Trust Fund Contribution		to Fees	
	Country	Zıp	Cour	ntry		8. This corporation has liability for i		s. 199,032,	
24	25 9. Name and Address of Currer		0			Florida Statutes 10. Name and Address of New Re	Yes No	-	
CII V	VER, IRA	it Hadistelen våelit		81	Name	10. Mario and Address of New Ne	listeren waein		
	4 BIMINI AVE	ì	1						
	OPER CITY FL 33062		1	B2	Street Add	ress (P.O. Box Number is Not Acceptab	ie)		
			ŀ	83		· · · · · · · · · · · · · · · · · · ·			
				84	City		FL 85 Zip	Code	
11. Pursuant office or i agont. Le	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	2 and 607.1508, Florida Statutes of Florida. Such change was au ations of, Section 607.0505, Flori	, the ab thorized da Statu	ove by	-named corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing t the appointment a	its registered is registered	
SIGNATURE	Signature, typed or protect name of registered agr					red when re-netating)		···	
12.		D DIRECTORS	13.	Ager	nt signature requi	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO	BS IN 12	
THILE	PDSV	DELETE	1.1 101	LE	- T	TOOTHOROUS PRINCES TO OFFICE	Change		
NAME	SILVER, IRA		1.2 NAI	ME			•	_	
STREET ADDRESS	3554 BIMINI AVE		1.3 STF	EET /	ADDRESS				
CITY - ST - ZIP	COOPER CITY FL		1.4 0)7	Y-ST	r-ZIP				
TITLE	ST	☐ DELETE	2.1 10	LE			☐ Change	Addition	
NAME	SILVER, MARLENE		2.2 NAI	ME		•		1	
STREET ADDRESS	3554 BIMINI AVE		2.3 STF	REET	ADDRESS				
CITY - ST - 74P	COPPER CITY FL		2. 4 CI	Y-S	T - 21P				
TITLE		☐ DELETE	3.1 TIT	LE	i		Change	: 🔲 Addition	
NAME			3.2 NAI						
STREET ADDRESS					ADDRESS				
CITY-S1-2#		T DELETE	3.4. Cf		T-ZIP		T 61	1 4420	
TILE		☐ DELETE	4.1 100				Change	Addition	
NAME			4. 2 NA						
STREET ADDRESS					ADDRESS				
CITY \$1-74P		DELETE	4.4 CIT		- ZIP		☐ Change	Addition	
TITLE			5.1 TITI		-		☐1 ∙∪αuñs		
NAME Dagget a possessor			5.2 NAI						
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP		☐ DELETE	5.4 CIT 6.1 TIT		I - ZIP		Change	Addition	
TITLE		☐ DECEN	1				FT CHANGE	Manual	
NAME			6.2 NAI						
STREET ADDRESS		•	•		ADDRESS				
CITY - ST - ZIP			6.4 CIT	Y-\$1	r-zip				

4. I do hiereby certify that the information supplied with this filling 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.

SIGNATURE:

JULIU MARJene Si

ER 4/27/9-

954-424-0220