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

FILED Jan 27 1997 8:00am Secretary of State

			
DOCUMENT #	# P94000	005562	9 (7)

· · · · · · · · · · · · · · · · · · ·	AVE.	Mailing Address PO BOX 22885 FT. LAUDERDALE FL 333	135-2885	(1) to					
US						3. Date Incorporated or Qua		Date of Last F	Report
2 Principal P	lace of Business	2a. Mailing Address				07/27/1994 4. FEI Number		05/01/1996	
,	5W 13 Ave	26			1	65-0514070		 	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.							Additional
22		27				5. Certificate of Status Desire	d []	•	equired
City & State	، الله E	City & State				6. Election Campaign Finance		\$5.00	May Be
	Laudordale, Fr	28				Trust Fund Contribution			to Fees
Zip 24 333 N	Country 2	Zip	Count	ry	}	8. This corporation has liabili		ible tax under s	i. 199.032,
ا 535 ا	9. Name and Address of Currer	29 Agent	30			Florida Statutes 10. Name and Address of No.			
DE	MORDO, RAFAEL		8	1 Name					
	5-SE-4TH AVE.		-	2 Street	Addres	s (P.O. Box Number is Not Acc	ontable)		
	LAUDERDALE FL 33335		Ľ	2 3.100	341	Sw 13 Ave			
			8	3					
			l a	4 City	1	, \		- 85 Zio	Code
	01 1		1	1 1	F4.	Laudendale	F	·L ~ 33	312
11. Pursuant office or r	to the playis ons of Spolions 607 050 egistered agont, or hold, in the State m familiar with, and placept the oblig)2 and 607.1508, Florida Statu Fof Florida Such change was	ites, the abo authorized	we-named by the cor	corpora poration	ation submits this statement for is board of directors. I hereby	the purpose accept the	e of changing i appointment as	its registered
agent. I a	m familiar with, and beopt the oblig	ations of Section 607.0505, F	lorida Statut	es.	,		-11	0 07	2
SIGNATURE	Signature (Vice or plinled name of registered age	market the description (BP)	TC Desistered	Tant discal in		when reinstating)	AI		
12.	OFFICERS AN		13.	dent sibilition.	- required 1	ADDITIONS/CHANGES TO	OFFICERS #	ND DIRECTOR	RS IN 12
TITLE	DPST	☐ DELETE	1.1 TITU		[Change	RS IN 12
NAME	DE MORDO, RAFAEL		1.2 NAM	E		_		•]}
STREET ADDRESS	1125 SE 4TH AVE.		1.3 STRE	ET AODRESS	54	1 SW 13 Ave	_		از
CITY-ST-ZIP	FT. LAUDERDALE FL 33335		1.4 CITY	- ST - ZIP	Ft	Lauderdale }	<u> </u>	312~	
TITLE		DELETE	2.1 T#TL					Change	Addition
NAME			2.2 NAM	E					
STREET ADDRESS				ET ADORESS					
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NAME STREET ADDRESS				ET ADDRESS			:	•	j
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TITLE		DELETE	4.1 TITU		<u> </u>		·	Change	Addition
NAME			4. 2 NAM				* .	4.1	·
STREET ADDRESS			4.3 STRI	ET ADDRESS	1				· 1
CITY-ST-ZIP			4.4 CITY	-ST - ZIP	<u>.</u>				
TITLE		☐ DELETE	5.1 TITL					Change	Addition
NAME			5.2 NAN	Æ					1
STREET ADDRESS			5.3 STRI	ET ADORESS		,			[
CITY - S1 - ZIP		The section of the se		- ST- ZIP	<u> </u>			F 1 60	
TIFLE		☐ DELETE	6.1 TITL					Change	Addition
NAME			62 NAM						}
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIF	by certify that the information supplie	d with this filing does not qua		-ST-ZIP xemption	L stated in	Section 119.07(3)(i). Florida S	Statutes I fur	rther certify tha	t the

1. To nereby certay that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplierpental 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 purpoyation or the feroiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 it challed, or or at attachment with an address.

SIGNATURE:

THE ALL TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

JAN 9, 97

Daytime Phone #