PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

Sandra B. Mort am

Secretary of Sta

DIVISION OF CORPORATIONS

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

FILED

Apr 23 1997 8:00am

Secretary of State

DOCUMENT # P	94000067525 (3)
--------------	-----------------

NASRY J. STEFAN, P.A.

Principal Place of Business 1414 NW 107TH AVE., STE. 214 MIAMI FL 33172

Mailing Address

1414 NW 107TH AVE., STE. 214 MIAMI FL 33172-2741

					1	ľ						
								3.	Date Incorporated or Qualified 09/12/1994		te of La 30/19	ast Report 96
2.	Princ-pat Place of Bus-	ness	28.	Mailing Address				4.	FEI Number		T.	Applied For
21			26		•			1	65-0525250		. [Not Applicable
22	Surte, Apt. #, etc.	V	27	Suite, Apt. #, etc.				5.	Certificate of Status Desired			75 Additional e Required
23	City & State 3			City & State			6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
24	Zip	Gountry 25	29	Zip 8	Cour 30	atry		6. This corporation has liability for intemplible tax under s. 199.03 Florida Statutes Yes No				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
KASS, MARK E						81	Name					
MIAMI FL 33125						82	Street Address (P.O. Box Number is Not Acceptable)					
						83						
					Ĩ	84	City			FL	85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Signature, typed or painted name of registered agent and title if a	chicabin (NOTE:	Registered Agent signature	required when reinstating) DA	TF	
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS		\$ IN 12
101.0	D	DELETE	1.1 TITLE		Change	Addition
NAM:	STEFAN, NASRY J		1.2 NAME			,
STRIFT ADDRESS	1414 NW 107TH AVE., STE. 214		1.3 STREET ADDRESS			
City-St ZiP	MIAMI FL 33172		1.4 CITY-ST-ZIP			
THE	The state of the s	DELETE	2.1 TITLE		Change	Addition
NAME			22 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
C91Y - S1 - ZIP			2.4 CITY - \$T - ZIP			
THE		☐ DELETE	3.1 TALE		Change	Addition
NAMI			3.2 NAME	}		
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST 7/P			3 4. CITY - ST - ZIP	<u></u>		
Till,E		DELETE	4.1 TITLE		Change	Addition
6AM:			4. 2 NAME	[
STREET ADDRESS			4.3 STREET ADDRESS			
CITY ST. ZIP			4.4 CITY-ST-ZIP			
HILE		DELETE	5.1 TITLE		Change	Addition
HAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
C(1y - S1 - 7)P		······································	5.4 CITY-ST-ZIP			
BULL		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME	}		
STREET ADDRESS			6.3 STREET ADDRESS	1		
CITY ST-Z:			64 CITY-ST-ZIP			

14. 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 12 or Block 13 if

SIGNATURE:

ICER OR DIRECTOR