## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

2. Principal Place of Business 28. Mailing Address 26. Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Zip  Country  B. This corporation has liability for intangible tax under the statutes in the st	Last Report 07/1995 Applied For Not Applicable 88.75 Additional Fee Required \$5.00 May Be Added to Fees Index s 199.032, Both Technology Applied For Not Applicable 199.032, 1
2730 SW 3rd Ave Suite 202 Miami, FL 33129 Miami, FL 33129 Miami, FL 33129  2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 09/20/1994 03/0/20/1994 05/0/20/1994 05/0/20/1994 05/0/20/1994 05/0/20/1994 05/0/20/1994 05/0/20/1994 05/0/20/1994 05/0/20/1994 05/0/20/1994 05/0/20/1994 05/0/20/1994 05/0/20/1994 05/0/20/1994 05/0/20/1994 05/0/20/1994 05/0/20/1994 05/0/20/199	7/1995 Applied For Not Applicable 88.75 Additional Fee Required \$5.00 May Be Added to Fees Inder's 199.032, ent  Zip Code
Miami, FL 33129  Miami, FL 33129  A. Dete incorporated or Qualified 0/9/20/1994  2. Principal Place of Business  2. All FEI Number 65-0524432  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Zip  Country	7/1995 Applied For Not Applicable 88.75 Additional Fee Required \$5.00 May Be Added to Fees Inder's 199.032, ent  Zip Code
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  B. This corporation has liability for intangible tax unerplant of the provision of New Registered Agent  Binda Statutes  Florida Statutes  None  HAIMAN, BARRY G  B2 Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  The Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of change 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, 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 with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered with an electron of registered agent and the r applicable.  NOTE: Registered Agent signature required when reliability to rintanging that under the provision of Sections 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of change 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 signature required when reliability to rintanging the provision of Sections 607.0505, Florida Statutes, the above-named corporation submits this statement for t	Not Applicable 8.75 Additional Fee Required \$5.00 May Be Added to Fees Inder's 199.032,  ant  Zip Code Ing its registered office
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   State   State	Fec Required  \$5.00 May Be Added to Fees Index s 199.032,  ent  Zip Code Ing its registered office
City 8 State    City 8 State   City 8 State   City 8 State   City 8 State   City 8 State   City 8 State   City 8 State   City 8 State   City 8 State   City 8 State   Country   Country   Country   Country   Country   Country   State   Country   St	Added to Fees Inder's 199.032,  ent  Zip Code Ing its registered office
Zip Country Zip Country Zip Country B. This corporation has liability for intangible tax under the provision of Sections 607.0502 and 607.1508, Florida Statutes B. City FL Signature, typed or printed name of registered agent and this Paspicable.  27 OFFICERS AND DIRECTORS B. This corporation has liability for intangible tax under the provision has liability for intangible tax under here and has liability for intangible tax under the provision has liability for intangible tax under here and has liability for intangible tax under has	ent  Zip Code  ing its registered office
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Age  81 Name  HAIMAN, BARRY G  2730 SW 3rd Suite 202 Miami, FL 33129  82 Street Address (P.O. Box Number is Not Acceptable)  83  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 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 registarial with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if as yilicable. (NOTE: Registered Agent signature required when refusating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TITLE  12. NAME  HAIMAN, BARRY G	B5 Zip Code
HAIMAN, BARRY G  2730 SW 3rd Suite 202 Miami, FL 33129  84 City  FL  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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TITLE  D HAIMAN, BARRY G	ing its registered office
2730 SW 3rd Suite 202 Miami, FL 33129  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 change 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 registantiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and this if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11.1 TITLE  D HAIMAN. BARRY G	ing its registered office
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Suite 202 Miami, FL 33129  84 City  FL  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 changion 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 and one of registered agent and this Flags liceble.  SIGNATURE  Signature, typed or printed name of registered agent and this Flags liceble.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1 TITLE  NAME  HAIMAN. BARRY G  1.2 NAME	ing its registered office
Miami, FL 33129  84 City  FL  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 changion 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title Fags-Kable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1 Title  D HAIMAN. BARRY G	ing its registered office
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TITLE D DELETE 1.1 TITLE 1.2 NAME	
NAME HAIMAN, BARRY G	
	Sharige: Li Addition
STREET WINNESS   DDDD COTTING NACTION   1 122 INTEL MONESS	
201 / Daniel DI 221/0	
	Change
NAME 22 NAME	· _
STREET ADDRESS 23 STREET ADDRESS	
CITY-SI-ZIP 24 CHY-SI-ZIP	
	Change Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
C/TY-ST-7/P 3.4 C/TY-ST-ZIP	
	Change
NAME 4.2 NAME	
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CITY-ST-ZIP 4.4 CiTY-ST-ZIP	
	Change
NAME 52 NAME	
STREET ADDRESS 53 STREET ADDRESS	
CITY-ST-ZIP 54 CITY-ST-ZIP	
	Changa El Addition
NAME 6.2 NAME	Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 137 changed, or on an attachment with an address.

6 4 CITY - ST - ZIP

SIGNATURE: \_\_

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-51 305-858-1600