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

PROFIT CORPORATION ANNUAL REPORT

1997



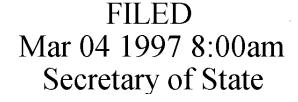
FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000074401 (8)

R. DELAPLAINE P.A.



						<u>{                                  </u>			
Principal Place of Business 1234 WASHINGTON AVENUE		Mailing Address  1934 WASHINGTON AVENUE SUITE 600		P.O.BOX 348637		( 100 (100 (100 100 (100 100 (100 100 (100 100			
									SUITE 300 Miami Beach
MIAMI DEACH	FL 33133	- MINNI DERVIT TELEVI			mi Beac	3. Date Incorporated or Qualified	3a. Date of Last Re	port	
			FLORI	0A	33239	10/04/1994	04/19/1996	p-011	
2 Principal E	lace of Business	2a, Mailing Address				4. FEI Number		olied For	
21		26				65-0526835	<del> </del>	Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc	······································				\$8.75 A	dditional	
22		27				5. Certificate of Status Desired	Fee Rec	quired	
City & Stati	3	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added to		
Zip	Country	Zip	c	Country		8. This corporation has liability for i		199.032,	
24	25	29	30				Yes No		
Name and Address of Current Registered Agent						10. Name and Address of New Re	gistered Agent		
	APLAINE, R			81	Name				
301 OCEAN DRIVE #405				82	Street Addre	t Address (P.O. Box Number is Not Acceptable)			
MIAMI BEACH FL 33139					,				
1				83					
				84	City		85 Zip C	ode	
					l				
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida. Such change :	was authori	ized by	/ the corporati	oration submits this statement for the pon's board of directors. I hereby accept	urpose of changing its at the appointment as r	registered registered	
SIGNATURE									
	Signature, typed or prated name of registered a				ent signature require	ed when reinstating)	DATE	2 11 40	
12.	OFFICERS A	ND DIRECTORS  DELET		3.		ADDITIONS/CHANGES TO OFFIC	Change	Addition	
THILE	DELAPLAINE, RENEE			.1 TITLE			Fill Guidiffe	NOOHOH	
NAME	301 OCEAN DR 405			.2 NAME	4000000				
STREET ADDRESS	MIAMI BEACH FL				ADDRESS				
CITY-ST-ZIP	D D			.4 CITY - S .1 TITLE	ST - ZIP	Change Addition			
THE	DELAPLAINE, SOPHIE						Craingo	noniton	
NAME	4000 4400410451 4357 4			2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS	MIAMI BEACH FL								
COLV ST-ZU	MICHAI DEACHTE	DELET		4 CITY-	51-29		Change	Addition	
TITLE				2 NAME			C ondrigo		
NAME					LADDRESS				
STREET ADDRESS					ADDRESS				
C(TV_S1, 7)2	I		<b>1</b> 3	4 CITY-	51-71P I				

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 agriculty report or suppliemental 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 control of the control of the control of the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Blog. 13. I hang 3. or on an attachment with an address.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

SIGNATURE

TITLE

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

COLY-ST ZIP

CITY - S1 - ZIP

TOO R. DELAPLAINE SIGNIATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

DELETE

2/21/97

305-538-066

Change

Change

☐ Change

Addition

Addition

Addition

Daytime Phone #

CR2E034 (9/96)