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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # P9400 DENTIAL CONTINENTAL GA						
Principal Place of Business Mailing Address					r entermat ein rang niffet abert matte fatet muster	a allın alası sı	ilit Bå tt 1 001
7941 SW 10 MIAMI FL 33		180 SOUTH BROADWAY WHITE PLAINS NY 10805	180 SOUTH BROADWAY				
US		US			DO NOT WRITE IN THIS S	SPACE	
					3. Date Incorporated or Qualified 11/21/1994		
—	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Ar	optied For
21					13-3796891		ot Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	.	Additional
22 City & Cast							equired
_ ′	le ·	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country		Country		Trust Fund Contribution B. This corporation owes or has paid the current.		to Fees
24	25	⊢	30		· · · · · · · · · · ·		nangibie ☐ No
	9. Name and Address of Curre		50		10. Name and Address of New Registered		
M	ALE, MICHAEL H		81	Name			
	50 MARY STREET		82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		
SUITE 303				Onco:	Saless (1.6. Box (4dinbol to 140) Mosephable)		
MIAMI FL 33133			83				
			84	City		85 Zip	Code
					<u>FL</u>		
office or r	egistered agent, or both, in the State in familiar with, and accept the oblig Stonature, typed or printed name of registered ag	e of Florida. Such chan ge was a gations of, Section 607.05 05 , Flor	uthorized by rida Statutes	the corpo	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appropriate of the appr	ointment as	registered
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PSD	☐ DELETE	1.1 TITLE			Change	Addition
NAME			1.2 NAME	-			
STREET ADDRESS	180 SOUTH BROADWAY		1.3 STREET]			
CITY-ST-ZIP	WHITE PLAINS NY			I - ZiP		Change	Addition
TITLE	VPAS Baruch, Steven		2.1 TITLE			Unange	L. ADDITION
NAME PERCET ADDRESS	180 SOUTH BROADWAY		2.2 NAME 2.3 STREET	ADDRECE			:
STREET ADDRESS CITY-ST-ZIP	WHITE PLAINS NY		2.3 STREET				
TITLE	THE LEWIS 111	DELETE	31 TITLE			Change	Addition
NAME	DELGADO, ELIZABETH	*****	3.2 NAME			•	_
STREET ADDRESS	180 SOUTH BROADWAY		3.3 STREET	ADDRESS			
CITY-ST-ZIP	WHITE PLAINS NY		3.4. CITY-S				
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4 2 NAME)
STREET ADDRESS	•		4.3 STREET ADDRESS				
CITY-ST-ZIP		·	4.4 CITY - ST - ZIP				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME	521		5 2 NAME	}			
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP		The tre	5.4 CITY - S1	I - ZIP			
TITLE		☐ DELETE	6.1 TITLE	}		Change	Addition
NAME			6.2 NAME				ļ
STREET ADDRESS			63 STREET	ADDRESS			Ì

14. I 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 changed, or on an attachment with an aridress.

CIONATURE.

Toffen

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FILED

Feb 13 1998 8:00am

Secretary of State