

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

**FILED**

**May 15 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000091795 (2)**

1. Corporation Name  
**IVES NORTH, INC.**



Principal Place of Business  
**1400 N.W. 107 AVE.  
5TH FLOOR  
MIAMI FL 33172**

Mailing Address  
**1400 N.W. 107 AVE.  
5TH FLOOR  
MIAMI FL 33172-2746**

3. Date Incorporated or Qualified **12/20/1994**      3a. Date of Last Report **05/01/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0541693</b>		Applied For Not Applicable	
21	22	26	27	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Suite, Apt #, etc		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
City & State		City & State		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23	24	25	28	29	30		
Zip		Country		Zip		Country	

**9. Name and Address of Current Registered Agent**

**LEVY, JOEL  
1400 NW 107TH AVENUE  
5TH FLOOR  
MIAMI FL 33172**

**10. Name and Address of New Registered Agent**

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	85 Zip Code
	<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D/P/CEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADLER, MICHAEL M</b>	1.2 NAME	
STREET ADDRESS	<b>1400 N.W. 107TH AVE, 5TH FLOOR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D/EV/AS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEVY, JOEL</b>	2.2 NAME	
STREET ADDRESS	<b>1400 N.W. 107TH AVE., 5TH FLOOR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>D/S/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ADLER, HERBERT</b>	3.2 NAME	<b>Arrizurieta, Luis</b>
STREET ADDRESS	<b>1400 N.W. 107TH AVE., 5TH FLOOR</b>	3.3 STREET ADDRESS	<b>1400 Nw 107 Ave.</b>
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	3.4 CITY-ST-ZIP	<b>Miami, Fl 33172</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>AS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Adler, Linda K.</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>1400 Nw 107 Ave.</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Miami, Fl 33172</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 changed, or on an attachment within an address.

**SIGNATURE:** \_\_\_\_\_ **4/28/97** **305-392-4050**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)