SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

FILED Aug 11 1997 8:00am Secretary of State

			P95000 Of Florida IN		1459 (3)							17 18 11 1 88 1
Principal Plac	e of Rusines			Mail	ling Address					-		I CABIL PARAL DARBA DI DIA	
226 NW 5 AVE					226 NW 5 AVE								
HALLANDALE FL 33009					HALLANDALE FL 33009								
	- 4									DO NOT WRI	E IN THI	S SPACE	•
										3. Date Incorporated or Qualified	3a.	Date of Last R	eport
										01/06/1995	1	07/22/1996	
	lace of Busin	108\$		2a. Mailing Address						4. FEI Number			plied For
21				26	26					65-0568650		No	t Applicable
Suite, Apt.		\$	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional		
22				27	27					5. Continuate of Status Desired		Fee Re	quired
City & State				28	City & State					Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip			Country	7	Zip		Country	,		8. This corporation owes or has	paid the c		-
24	25			29						Personal Property Tax due Jur			No
	9. Name	and	Address of Curren	l Registe	red Agent					10. Name and Address of New F	egistere	d Agent	
THE	E PRENTIC	E H/	ALL CORP SYSTEM	М			81	Name	,				
1201 HAYS ST SUITE 105					•			C4-++4	A 41 41	Address (D.C. Dav N. Johan in Not Assessed I.)			
TALLAHASSEE FL 32301								Street	Addre	Address (P.O. Box Number is Not Acceptable)			:
							83						
45t	F. 100												
							84 City				F	85 Zip (Code
11. Pursuant	to the provis	ons	of Sections 607.0502	2 and 607	.1508. Florida S	Statutes the	above	l a-nameo	d corpo	pration submits this statement for the	purpose	of changing its	e registered
office or re agent. I a	e giste red ag m fam iliar wi	ioni, th, ai	or both, in the State and accept the obliga	of Florida itions of, (. Such change Section 607.050	was author 5, Florida S	ized by Statutes	the cor	poratio	oration submits this statement for the on's board of directors. I hereby acc	ept the a	ppointment as	registered
SIGNATURE													
12.	Signature, typed	or piir	ned name of registered ager OFFICERS AND				3.	ent signatur	e required	d when reinstating)	DATE		
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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 cath; 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 schanged, or on an attachment with an address.