## 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 # P9500006371 (5)

ZIP	Codinity	279	<b></b>			Florida Statutes	y for intangible		. 199.032,
4	25 9. Name and Address of Current	29] Registered Agent	30	г	·	10. Name and Address of Ne		<del></del>	
		negistered Agent		81	Name	(B) Mario and Addition of the	n Hogistolou .	-goin	
	IAVAL, BENJAMIN				.,				
	LINCOLN ROAD MALL			82	Street Addre	ss (P.O. Box Number is Not Acci	eptable)		
	E 204			83	<del></del>	A CONTRACTOR OF THE CONTRACTOR			
MIAN	VII BEACH FL 33139			~					
				84	City		<b>C</b> 1	85 Zip (	Code
		DOD LEGO EL LA GLA					FL	<u> </u>	la registered
11. Pursuant I	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607.1508, Florida Statu f Florida. Such change was	ites, the ai authorize	d by t	named corpo the corporation	pration submits this statement for on's board of directors. I hereby a	the purpose of accept the app	ointment as	registered
agent. La	m familiar with, and accept the obligat	ions of, Section 607.0505, F	lorida Sta	tutes.		·			
SIGNATURE									
	Signature typed or proved name of registered agent	······		d Agent	t signature require	d when reinstating)	DATE	DIRECTOR	00 INI 10
12.	OFFICERS AND	DELETE	13. 1.1 Ti	T. F	<del></del>	ADDITIONS/CHANGES TO (	JFFICERS AND	Change	Addition
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NAME					D. D. D. C. C.				
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	by certify that the information supplied	with this filing does not qua	lify for the	exen	nption stated	in Section 119.07(3)(i), Florida S	tatutes. I furthe	r certify that	the
informatio	by certify that the information supplied on indicated on this annual report or su lifticer or director of the corporation or t in Block 12 or Block 12 if changed, or	ipplemental annual report is he receiver or trustee early	⊭rue and wered to	accur execu	rate and that ute this report	my signature shall have the same Les required by Charlter 607, Flo	ਤ ਦਿਉਣਾ ਦਾਦਿਟਾ ਦ rida Statutes; ៖	and that my	name
appears	in Block 12 or Block 12 if changed, or	on an attachment with a rai	ddress.		, ,	11/2	1	_	
010111	Who I have	and lain	Lo		<b>7</b>	712614	1		
SIGNAT	UHE: SIGNATURE AND TYPED OR I	PRINTED NAME OF BIGNING OFFICE	ER OR DIREC	TOR		Date	•	Daytime Phone #	
	,							0.07	1200

**FILED** May 06 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 940 LINCOLN ROAD MALL SUITE 204 MIAMI BEACH FL 33139  MAIL SUITE 204 MIAMI BEACH FL 33139					3. Date incorporated or Qualified	3a. Date (	of Last Re	
2. Principal Pia	ace of Business	2a. Mailing Address			01/20/1995 4. FEI Number	1 00/01/		plied For
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Suite, Apt #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>8.75</b> A Fee Re	Additional guired
City & State		City & State			6. Election Campaign Financing		\$5.00	·· <del>······</del> ····
3		28			Trust Fund Contribution		Added t	
Zip Ti	Country	Zip	Cou	intry	8. This corporation has liability for			199.032,
4	25 Name and Address of Curre	29 29 Anni	30	<u> </u>	Florida Statutes L  10. Name and Address of New Re			
		in registered Agent		81 Name	(U, Marite and Address of Marit	ogielolou ngi		
	AVAL, BENJAMIN LINCOLN ROAD MALL					1.1.1		
	E 204			82 Street Add	ress (P.O. Box Number is Not Accepta	ible)		
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(III W)	,, 02, 10, 112, 00, 100			84 City			5 Zip (	Code
				City		FL [	210	5000
SIGNATURE	Signature typed or professionanceof registered as	gent and title if applicable (NO	ITE: Registere	d Agent signature requi		DATE		
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12. TITLE	OFFICERS AND CANAVAL, BENJAMIN	ND DIRECTORS	13. 1.1 TI 1.2 No	TŁE AME		CERS AND DI		
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