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 # P95000009193 (0)

ROSNER & SIMON, P.A.

Principal Place of Business 21 SE FIRST AVENUE 10TH FLOOR MIAMI FL 33131			Mailing Address 21 SE FIRST AVENUE 10TH FLOOR MIAMI FL 33131-1009							
							3. Date Incorporated or Qualified 02/01/1995	3a. Da 05/2	ate of Last R 22/1996	eport
2. Principal F	Place of Business	2s. 26	Mailing Address				4. FEI Number 65-0552720		 	oplied For ot Applicable
Suite, Apt	#, 610	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & Star 23	te	28	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country		Zip	Cox	untry		8. This corporation has liability for			. 199.032,
24	25	29		30				Yes		
	9. Name and Address of Curr	rent Regist	ered Agent				10. Name and Address of New Registered Agent			
	ION, DONALD				81	Name				
	se first avenue 'H floor		82 Street			Street Addre	ess (P.O. Box Number is Not Accepta	ble)	-	
	M FL 33131				83					
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J. 1 L 00 10 1					0.				01
					84	City	•	FL	85 Zip	Code
11. Pursuant office or agent Ta	registered agent, or both, in the Sta am farrillar with, and accept the ob	ate of Florid ligations of,	a. Such change was Section 607.0505, F	authorize lorida Sta	ed by itutes	the corporati	oration submits this statement for the on's board of directors. I hereby acce	pt the app	t changing it	is registered registered
12.	Signative, typed or printed name of region red OFFICERS A			13.		ent signarure require	ed when reinstating) ADDITIONS/CHANGES TO OFFI		DIRECTOR	3S IN 12
TITLE	P	AND DITLE	DELETE	1.1.7		T	ABOTTO GOTA	OLINO AND	Change	Addition
NAME	SIMON, DONALD		-		IAME					
STREET ADDRESS	ALCE YOU AND YOUR ELO	OR				ADDRESS				
CITY-S" ZIP	MIAMI FL 33131			1,4 0	CITY-S	ST-ZIP				Ì
TITLE			DELETE	2.1 7	ITLE				Change	☐ Addition
NAME				2.2 N	IAME					
STREET ADDRESS				238	TREET	ADDRESS				
CHY - ST - ZIF		· · · · · · · · · · · · · · · · · · ·		2 4	CITY-S	ST-ZIP				
TITEF			DELETE	3 1 T					Change	Addition
NAME					AME			-		
STREET ADDRESS						ADDRESS				
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TITLE			DELETE	411					Change	Addition
NAME					NAME					
STREET APIDRESS						ADDRESS				
CHY-ST-ZOP			DELETE	4.4 C 5.1 T	HTY-S	ST - ZIP			Change	Addition
TITLE			Emil Decent		MAME				Charige	ELL RUGHUII
NAME CIRCLE ADDITION						ADDRESS				
STREET ATEMESS										ł
C/TY-ST-ZIP TITLE			DELETE	5.4 C	CITY - S	or-zir			Change	Addition
NAME			La Decere		IAME				Orango	au
MARKE				9.2 N	MAINE					

SIGNATURE:

Diffy-ST-ZiP

64 CITY-ST-ZIP 14. Too hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(4). 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 it 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 address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DO hald Simon 1/23/97 (954) 985-4244

FILED

Feb 10 1997 8:00am

Secretary of State