## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00



CO	PROFIT PPORATION UAL REPORT 1996	Sandra Sacre	ARTMENT OF STATE  B Mortham: tary of State  CORPORATIONS		
1. Corporation		00009672 (3	3)		
TEN E	EIGHTY FIVE CORPORATI	ON		4 1884 EBA I I A MUSE Book Galey And	IL GOLD BRILL BOLD BEING GIVE ARER LIGHT
Principal Place		Mailing Address			;
1320 S. DIX SUITE 830 CORAL GAE	IE HWY. BLES FL 33146	1320 S. DIXIE HWY. Suite 830 Coral Gables Fl 3:	3146	Date Incorporated or Qualified	3a. Date of Last Report
2 Principal P	lace of Business	Ta- Mail		02/06/1995	
21 21	lace or business	2a. Mailing Address		4. FEI Number 65-0576975	Applied For
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stati	e	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zıp <b>24</b>	Country 25	Z(p <b>29</b>	Country 30	8. This corporation has liability for	Added to Fees
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New F	
Breier, Robert G 1320 S. Dixie Hwy.				82 Street Address (P.O. Box Number is Not Acceptable)	
SUITE 8	130 Gables FL 33146		83		
CONAL	GADLES PL 33196		84 City		85 Zip Code
11. Pursuant i or register familiar wi	to the provisions of Sections 607.05 red agent, or both, in the State of Fig. th, and accept the obligations of Signary	02 and 607.1508, Florida Statute onda, Sudi change was authorize ochon 607.0505, Excida Statutes	es, the above named corp ad hy the corporation's bo	oration submits this statement for the pur parti of directors. I hereby accept the app	pose of changing its registered office pointment as registered agent. Fam
SIGNATURE					
12.	Signature typed or printed rate each endine and OFFICERS A	AND DIRECTORS	It Four tenal Agent's grationing.  13.	ADDITIONS/CHANGES TO OFF	CERC AND DIDECTORS ALL CO
TITLE	D	DELETE.	1 1 TITLE	ASSITIONS/OFFINIALS TO OFFI	CERS AND DIRECTORS IN 12 Change Addition  Change Addition  Change Addition  Change Addition
NAME STREET ADDRESS	CHAPLIN, HARVEY R		1.2 NAME		Z Z
CHY-ST-ZIP	1600 N.W. 163 ST. MIAMI FL 33169		L 1.3 SYREET ADORESS		<u>Ŭ</u>
TITLE	P/S	DELFTE	14 CITV+ST ZIP 2 1 TITLE		
NAME	SILVERSMITH, ARTH		2.2 NAME		Change C Addition
STREET ADDRESS	1085 - 98 STREET	<del>-</del>	2.3 STREET ADDRESS		
CITY ST-ZIP TITLE	BAY HARBOR ISLAND		2 4 City St ZIP		
NAME		☐ DEFEAR	3 1 THE		Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
DITY-ST-7IP			3.4 CiTY - ST - ZiP		ļ
TITLE		☐ DELETE	4 1 T TLE		Change Addition
NAME			4 2 NAME		_
STREET ADDRESS  CITY-ST-ZIP			4.3 STREET AUDRESS		
TITLE		☐ DELETE	5 1 MILE		
NAME			5.2 NAME		Change Addition
STREET ADDRESS			53 STREET ADDRESS		
CITY - ST - ZIP			5 4 CHY-S1-ZIP		
TITLE		☐ DELETE	6 1 TIFLE		Change Addition
NAME STREET ADDRESS			6.2 NAME		
CITY - \$1 - ZIP			63 STHEF! ADDRESS		
14 Ldo bosob	and the state of t		6.4 CITY - \$1.7(P		

64 CITY-St-ZP

14. If do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. If further certify that the information indicated on this annual report or supplienental annual report is true and ancurate 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 one half chiruler with an address.

SIGNATURE:

SIGNATURE

SIGNATURE ARTHUR SINCESMITT 5/14/96 305-866-7358-