## 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 # P95000010813 (0)

PRE-LAW CORP.

Principa: Piace	of Business	Mailing Addréss			·/ ···	
20801 BISCAYNE BLVD. SUITE 304 AVENTURA FL 33180		20801 BISCAYNE BLVD. SUITE 304 AVENTURA FL 33180-1422				
						3. Date Incorporated or Qualified 3a. Date of Last Report 02/08/1995 01/24/1996
	ace of Business	2a. Maning Address				4. FEI Number Applied For
21		26				65-0559696 Not Applicable
Suite, Apt 1		Suite, Apt. # etc.				5. Certificate of Status Desired See Required Fee Required
City & State	∱·					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
<b>23</b> Zip	Country	28 Zip	Coun	irv		8. This corporation has liability for intangible tax under s. 199.032.
24 33180-		29	30	,		Florida Statutes
24, 00.00	9. Name and Address of Current		1001			10. Name and Address of New Registered Agent
SAS	LAW, GARY R		8	31	Name	
	)1 BISCAYNE BLVD.		-	82 Street Address (P.O. Box Number is Not Acceptable)		
	E 304		Out offeet Au		JUGGU A	Address (F.O. Box Number is Not Acceptable)
	NTURA FL 33180		Ē	33		
			-  -	34	City	85 Zin Code
						FL    33180-1422
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. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE						
	Significated Appeared points of the second specific about			Agen	n: signature	e required when reinstating) DATE
12.	OFFICERS AND	DELETE	13.	<u> </u>		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME	DP PREMER, HOWARD	L., DELETE	12 NAN		1	
STREET ADDRESS	13499 BISCAYNE BLVD., STE. 1	1			ADDOLCC	
CITY-ST-7IP	NORTH MIAMI FL 33181			1.3 STREET ADDRESS 1.4 City - St - Zip		
THUE	DVST	DELETE	2.1 THTL		- 21r	K Change Addition
NAME				2.2 NAME		
STREET ADDRESS	20801 BISCAYNE BLVD., STE. 304			2.3 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL 33180				T - ZIP	Aventura, Florida 33180-1422
TITLE		DELETE	3 1 TITL	E		Change Addition
NAME.			3.2 NAN	AE.		
STREET ADDRESS			3.3 STR	EET A	address	
CITY+ST-ZIP			3.4 CIT	Y - S1	r - ZIP	
TITLE		L_] DELETE	4.1 TITL	.E		Change Addition
NAME			4. 2 NA	ME		
STREET ADDRESS			43SIR	EET A	ADDRESS	
CITY - S1 - 2IP		Topeth	4.4 GITY		- ZIP	
TITLE		DELETE	5 1 TITU			Change Addition
NAME !			5.2 NAN			
STREET ADDRESS			1		ADDRESS	_
TITLE		DELETE	5 4 CITY 6 1 TITL		- ZIP	COOLOGICA SERVICE Diddition
NAME			6.2 NAM			600002060356ng Dydditon -01/16/9701045048
STREET ADDRESS					ADDRESS	***165.00
CITY-S1-ZIF			6.4 CHY		4	###100°00
14. Ldo hereb	y certify that the information surfuled	with this filling does not qua	alify for the e	xer	notion st	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the
information indicated on this annual report of surptemental 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 corporative optice receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charting or on an attachment with an address.						

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:** 

1/6/97

Date

(305) 682-0200

**FILED** 

Jan 15 1997 8:00am

Secretary of State

Daytime Prior ∈ #