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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

	n Name)0011331 (2)				
INVER	rama shopping plaza, (ING.				
Principal Place	e of Business	Mailing Address			 	
3135 ROYAL PALM AVE MIAMI BEACH FL 33140		3135 ROYAL PALM AVE MIAMI BEACH FL 33140				
				3. Date incorporated or Qualified 02/07/1995	3a. Date of t	ast Report
, Principal Pl	ace of Business	2a. Mailing Address 26		4. FEI Number 65 - 0.579397		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required
City & State	е	Orty & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
<i>Z</i> ip]	Country 25	Zip	Country 30	8. This corporation has liability for Florida Statutes	intangible tax ur : \[\] No	ider's 199.032,
	9. Name and Address of Currer			10. Name and Address of New F	legistered Age	nt
			81 Name			
	(OWSKI, JOEL S		82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)	
627 71 STREET			83			
MIAMI	BEACH FL 33141				r_	<u> </u>
Pursuant or register	to the provisions of Sections 607.050; red agent, or both, in the State of Flori	2 and 607.1508, Florida Statutes, ida. Such change was authorized	the above named corporation's boo	oration submits this statement for the pu ard of directors. Thereby accept the app	FL!	5 Zip Code ng its registered offi istered agent. I am
familiar wi	ith, and accept the obligations of, Sec Signature, typed or printed name of registered agen	tion 607,0505, Florida Statutes.	the above named corporation's booking the corporation's booking the corporation of the corporation requires April Squares	pration submits this statement for the purard of directors. Thereby accept the approximation residence. ADDITIONS/CHANGES TO OFF	rpose of changir ointment as regi	ng its registered offi istered agent. I am
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this armost report or supplemental armost 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 corporation or the receiver of trustee enlowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if ghanged, or director of the attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE: ___

NAME STREET ADDRESS