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'PROFIT'
CORPORATION
ANNUAL REPORT

1997

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 06 1997 8:00am

Secretary of State

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DANA TURKEN, C.P.A., P.A.

Principal Place of Business Maiting Address 200 S. BISCAYNE BLVD. 200 S. BISCAYNE BLVD. 83RD FLOOR 33RD FLOOR MIAMI FL 33131 MIAMI FL 33131-2310 3. Date Incorporated or Qualified 3a. Date of Last Report 03/06/1995 08/14/1996 2. Principal Place of Business 2a. Mailing Address Applied For -APPLIED FOR 650562002 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Yes X No 29 Florida Statutes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent TURKEN, ROBERT W 81 Name 200 S. BISCAYNE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) 33RD FLOOR MIAMI FL 33131 83 Zip Code 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOT) Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 THE Change Addition TURKEN, DANA NAME 1.2 NAME 108 4TH TERRACE, DILIDO ISLAND STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP 1.4 C(1) Y - S1 - Z(P) DELETE TITLE 2.5 THRE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 11111 Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE Addition 4.1 TITLE NAME 4.2 NAMI STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - 7IP DETETE TITLE ☐ Change 5.1 TITLE Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 61 IBU Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 on an attachment with an address.

DANA TURKEN 4/2/2/4/2

6.3 STREET ADDRESS

6.2 NAME