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 # P95000021897 (0)

OPPENHEIM & ASSOCIATES, A PROFESSIONAL ASSOCIATION

Principal Place of Business

MADISON CIRCLE BLDG.. SUITE 800
3181 CORAL WAY

Mailing Address

MADISON CIRCLE BLDG.. SUITE 600 3191 CORAL WAY

FILED Apr 29 1997 8:00am Secretary of State



MIAMI FL 33145	MIAMI FL 33145-3213	AMI FL 33145-3213							
						3. Date Incorporated or Qualified 03/15/1995		te of Last R 30/1996	eport
2. Principal Frace of Business 2a. Mailing Addr			ss			4. FEI Number		AF	plied For
21		26				65-0570728		No	t Applicable
Suite, Apt	r, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22 27						b. Certificate of Status Desired		Fee Re	polited
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	o Fees
Zip	Country	Zip	├ ── ` `	untry	′	This corporation has liability for			. 199.032,
24	[25]	29	30					No	·
000	9. Name and Address of Curr	ent Registered Agent		B1	Name	10. Name and Address of New Re	gistered A	(gent	······································
	ENHEIM, STEVEN P	300		"	ivallie				
	ISON CIRCLE BLDG., SUITE I	300		82	Street Add	fress (P.O. Box Number is Not Acceptal	ole)		
	CORAL WAY			83					
MIAN	AI FL 33145			53					
1				84	City			85 Zip	Code
<u></u>		,		<u> </u>			FL		
SIGNATURE	in familiar with, and accept the ob-					poration submits this statement for the lation's board of directors. I hereby acce	DATE		
12.		AND DIRECTORS	13.		eni signature requ	ADDITIONS/CHANGES TO OFFI		DIRECTOR	S IN 12
TILE	DP	DELETE		ITLE		ADDITIONO, OFFICE OF OFFI	JENO AND	Change	Addition
NAME	OPPENHEIM, STEVEN P			NAME					_
STREET ADDRESS	3191 CORAL WAY, STE. 800)			ADDRESS				
CITY-SI-ZIP	MIAMI FL		1		ST~ZIP				
TIFLE		DELETE	217		· · · · · · · · · · · · · · · · · · ·			Change	Addition
NAME			2.21	VAME					
STREET ADDRESS			2.3 5	STREET	T ADDRESS	:	4.		
CHY-ST-ZIP			2.4	CITY-	ST-ZIP				
7111.6		DELETE	3.1 7	TITLE				Change	Addition
NAME			3.2 N	NAME					
STREET ADDRESS			3.3 5	STREET	T ADDRESS				
City+Sf-7iP			3.4.	CITY-	ST-ZIP				
TIBLE		DELETE	4.1 1	ITLE				Change	Addition
NAME			4. 2	NAME					
STREET ADDRESS			4.3 \$	STREET	T ADORESS				
CITY - \$1 - 20°					ST-ZIP				
TITLE		☐ DELETE	5.1 T	TITLE				Change	Addition
NAME				NAME	}				
STREET ADDRESS			535	STREET	T ADDRESS				
CITY-ST-7#					ST-ZIP	······································			
THILE		☐ DELETE	•	TITLE				L Change	L. Addition
NAME				NAME	•				
STREET ADDRESS			6.3 5	STREET	T ADDRESS				
CITY+ST ZIP			6.4 (CITY-	ST-ZIP				

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 3 if changed, d on in akachment with an address.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PROSIDER

F[N]97 505-445-02-0