FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000022150 (3)

1001 FEDERAL CORPORATION

Principal Place of Business Mailing Address						70111 00148 11 1 40 11001 11001 01	AT BUTT INDI
1226 ALTON R MIAMI BEACH		1228 ALTON RD. MIAMI BEACH FL 33139	1228 ALTON RD. Miami Beach Fl 33139-3810				
					 Date Incorporated or Qualifie 03/20/1995 	3a. Date of Last 03/26/1996	Report
Principal Place of Business Total		├ ── *	2a, Mailing Address 26		4, FEI Number 65-0567742		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				_ ¢0.75	Additional
22 City & State		27			5, Certificate of Status Desired	Fee F	Required
23	ic .	City & State	3		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24	Country 25	Zip 29	Country 30		 This corporation has liability for intengible tax under s. 199.032, Florida Statutes ✓ Yes ☐ No		
	g. Name and Address of Curr				10. Name and Address of New		
RAS	SS, PAUL H		8	1 Name			
201 ALHAMBRA CIRCLE				2 Street Add	dress (P.O. Box Number is Not Acceptable)		
8TH FLOOR CORAL GABLES FL 33134			8				
001	THE GROCES I E GO TO T		L				
			6	4 City		FL 85 Zip	Code
office or i	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the ob-	ite of Florida. Such change wa	s authorized	by the corpora	poration submits this statement for th dion's board of directors. I hereby ac	e purpose of changing cept the appointment a	its registered s registered
SIGNATURE	Signature typed or protect name of registered	some and the development. The	If YE Ongistered A	tool conchire too	red when reinstating)	DATE	
12.		ND DIRECTORS	13.	Berr eignerere redu	ADDITIONS/CHANGES TO OF		IRS IN 12
THTLE	ST DELETE		1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	
NAME	RESNICK, JAMES		1.2 NAM	E			
STREET ADDRESS 1228 ALTON RD.			1.3 STREFT ADDRESS				
CITY-ST-ZIF	MIAMI BEACH FL 33139		1.4 City-St-ZiP		····		
TITLE	P POWER PROPERTY POWER	☐ DELETÉ	2.1 TITLE	i		L Change	Addition
NAME	DUNAEVSKY, DOV 1228 ALTON RD.		2.2 NAME				
MANU DEACH EL COACO			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				
CHTY-ST-ZIP TITLE	MINNI DENOTITE GOTOD	DELETE	3.4 CITA 3.1 TITLE			Change	Addition
NAME			3.2 NAM				
STREET ADDRESS			3.3 STRE	ET ADDRESS	•		
CITY-ST-ZIP			3.4, CITY	-ST-ZIP			
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAN	IE			
STREET ADDRESS			4.3 STRE	et address			
CITY-ST-ZIP		T DELETE	4.4 CITY		T	Channe Channel	4.6000
TITLE		☐ DELETE	5.1 TITU		•	Change	Addition
NAME STREET ADDRESS			5.2 NAM				
CITY-ST-ZIF			5.4 CITY	ET ADDRESS			
TITLE		DELETE	6.1 TITU			Change	Addition
NAME			6.2 NAM			. — •	
STREET ADDRESS				ET ADDRESS	•*		
	1						

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 totanged, or on an attachment with an address.

ESMICA SIGNING OFFICER OR DIRECTOR