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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000028632 (4) THE WALDEN COMPANY										
Principal Place of Business Mailing Address								H	io i io ii i o ii	10 11 01 10 DI
492 N.E. \$5TH \$TREET MIAMI FL 33197		492 N.E. 55TH STREET MIAMI FL 33137-3004								
							3. Date Incorporated or Qualified 04/11/1995		Date of Last F 5/01/1996	Report
2. Principal Place of Business 2a. Mailing Addre							4. FEI Number		A	pplied For
21		26	26				65-0579133 Not Applicat			ot Applicable
Sulte, Apt. #, etc. Suite, Apt. #							5. Certificate of Status Desired		4	Additional
22	27					5. Certificate of Status Desired		Fee R	equired	
Clty & Stat	·e	City & State	··1				6. Election Campaign Financing	_	\$5.00	May Be
23		28	ъ				Trust Fund Contribution	<u> </u>	Added	to Fees
Zip				untry	r		8. This corporation has liability for			s. 199.032,
24	25 25 Name and Address of Curren	29	30	7				Yes		
		t Hegistered Agent	· · · · · · · · · · · · · · · · · · ·	81	Name		10. Name and Address of New R	gistere	a Agent	
	lden, alexandra s			101	Name					
492 N.E. 55TH STREET				82	Street A	Addres	s (P.O. Box Number is Not Accepta	ble)		
MIAMI FL 33137										
				83	l					
İ				84	City				85 Zip	Code
					l			F	L.	
11. Pursuant office or r agent. La	to the provisions of Sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607.1508, Florida State of Florida. Such change was stions of, Section 607.0505, F	utes, the a sauthorize Florida Sta	ibovo id by itutes	e-named i the corp s.	corpor poration	ration submits this statement for the n's board of directors. I hereby acco	purpose pt the ap	of changing i opointment as	ts registered registered
SIGNATURE										
ļ. <u></u>	Signature, typed or printed harne of requitered a jer			d Age	int signature	required	when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS DELE		13.			ADDITIONS/CHANGES TO OFFI	CERS AN			
TITLE	• • •	WALDEN, ALEXANDRA S		1.1 1016					L Change	Addition
NAME	492 N.E. 55TH STREET		1.2 NAME							
STREET ADDRESS				1.3 STREET ADDRESS						}
CITY-ST-ZIP	MIAMI FL 33137 VPSD DEGTE			1.4 CHY - S1 - 7IP					1 (0)	<u> </u>
TITLE				21311[[Change	Addition
NAME	492 N.E. 55TH STREET	WALDEN, WRIGHT		2.2 NAME						
STREET ADDRESS			23 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL 33137	The files	2. 4 CITY - ST - ZIP					[] (S	F 1 5 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
TITLE		ĹĴ DELETE	3.1 TITLE					∐ Change	☐ Addition	
NAME			3.2 NAME							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			3.4. C(1Y-ST-Z(P					Change	Addition	
TITLE	☐ DELCTE			4.1 TITLE					Change	Addition
NAME			4. 2 NAME							
STREET ADDRESS				4.3 STREET ADDRESS						J
CITY-ST-ZIP	DELETE			4.4 CHY-S1-ZIP					П оъ	Laute
TITLE			5.1 TITLE					Change	Addition	
NAME			5.2 N)					J
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		DELETE		(1 Y - S1	1 - ZIP				По	
TITLE		€1 brrug	6.1 11		J				☐ Change	Addition
NAME			6 2 N							
STREET ADDRESS				6.3 STREET ADDRESS						
CITY-ST-ZIP			64C	11 Y - S1	1-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 funual 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 compration of 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 12 if changed of the an attachment with an address.

SIGNATURE: