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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000031309 (4)

Principal Place 1111 \$ ALHAM CORAL GABLE US	IBRA CIR	Mailing Address 1111 S ALHAMBRA CIR CORAL GABLES FL 33146-3 US	711		
· .				3. Date Incorporated or Qualified 04/20/1995	3a. Date of Last Report 05/01/1996
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number 65-0575751	Applied For Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		Country		Yes No
	9, Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
1001 SUN	/NE, GEOFFREY M 1 SOUTH BAYSHORE DRIVE TE 2702 MI FL 33131-4900		81 Name 82 Street Addre 83 84 City	ess (P.O. Box Number is Not Acceptab	FL 85 Zip Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	and 607.1508, Florida Statutes of Florida, Such change was au- tions of, Section 607.0505, Flori	the above-named corporation that is a statutes.	oration submits this statement for the pon's board of directors. I hereby accep	urpose of changing its registered It the appointment as registered
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signature require	d when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WALLEGHEM, MADELEINE V 1111 S ALHAMBRA CIR C QABLES FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN WALLEGHEM, PAUL A 1111 S ALHAMBRA CIR CORAL GABLES FL	☐ DELETE	2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN WALLEGHEM, DEREK 3600 BATTERSEA RD COCONUT GROVE FL 33133	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[] DELÉTE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-S1-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS	1 - 5 1 - e1 1 - 1	☐ DELE1E	6 1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Change Addition

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 13 if changed, or on an attachment with an address.