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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000035169 (8)

FILED
Jan 28 1997 8:00am
Secretary of State

| Principal Place of Business  1542 N.E. QUAYSIDE TERRACE. #D2 MIAMI FL 33138  Mailing Address  1542 N.E. QUAYSIDE TERRACE. #D2 MIAMI FL 33138   |  |   |   |  |   |  |                            |                               |  |  |
|--|--|---|---|--|---|--|----------------------------|-------------------------------|--|--|
|  |  |   |   |  |   | <ol> <li>Date Incorporated or Qualified 05/01/1995</li> </ol>                          |                            | te of Last F<br>1/1996        | Report                                       |  |
| 2. Principal Pla   | ace of Business  | 2a. Mailing Address   |   |  |   | 4. FEI Number  |                            | <del></del>                   | oplied For                                   |  |
| 21   |  | 26  |   |  |   | 65-0583309   | <del></del>                |                               | ot Applicable                                |  |
| Suite, Apt #   | #, etc   | Suite, Apt. #, etc.   |   |  |   | 5. Certificate of Status Desired   |                            |                               | Additional<br>equired                        |  |
| City & State   | }  | City & State  |   |  |   | 6. Election Campaign Financing   |                            | \$5.00                        | May Be                                       |  |
| 23   |  | 28 Zip  | T 6-  |  |   | Trust Fund Contribution  |                            |                               | to Fees                                      |  |
| Zip<br><b>24</b>   | Country 25   | 21p   | 30 Cou  | riuy   |   | 8. This corporation has liability for Florida Statutes                                 |                            | tax under s<br>] No           | 199.032,                                     |  |
| 241  | 9. Name and Address of Curre   |   | 130   | 1  |   | 10. Name and Address of New R  |                            | <del></del>                   |  |  |
| FRIE   | DMAN, MICHAEL D  |   |   | 81   | Name  |  |                            | ···                           |  |  |
| 1401 BRICKELL AVENUE STE 530   |  |   |   | <b>B2</b>  | Street Addr   | t Address (P.O. Box Number is Not Acceptable)  |                            | ·· <del>·· ·</del> ·····      |  |  |
| MAM  | AI FL 33131  |   | Į   |  | · .   |  |                            |                               |  |  |
|  |  |   |   | 83   |   |  |                            |                               |  |  |
|  |  |   | ì   | 64   | City  |  | FL                         | 85 Zip                        | Code   |  |
| office or re   | egistered agent, or both, in the Sta   | ite of Florida. Such change wa  | s authorized  | d by   | the corporat  | poration submits this statement for the tion's board of directors. I hereby accurately | purpose of<br>ept the appo | cnanging i<br>pintment as     | registered                                   |  |
| office or re<br>agent. I an<br>SIGNATURE   | egistered agent, or both, in the Sta<br>in familiar with, and accopt the obli-<br>Signature, typed or printed name of registered a   | lle of Florida. Such change wa<br>igations of, Section 607.0505,<br>agent and tilled applicable (N                    | s authorized<br>Florida Stat<br>OTE Registered  | d by<br>tutes  | the corporat  | tion's board of directors. I hereby according when reinstating)                        | ept the appoint            | ointment as                   | registered                                   |  |
| office or reagent. I an SIGNATURE 12.  | egistered agent, or both, in the Sta<br>in familiar with, and accept the obli-<br>Signature, typed or printed name of registered a<br>OFFICERS A   | ile of Florida. Such change wa<br>igations of, Section 607,0505,<br>order and title Lapplicable (N<br>IND DIRECTORS   | s authorized<br>Florida Stat<br>IOTE Registered<br>13.  | d by<br>tutes  | the corporat  | tion's board of directors. I hereby acco   | DATE                       | DIRECTOR                      | registered                                   |  |
| office or reagent. I an SIGNATURE .  | egistered agent, or both, in the Sta<br>in familiar with, and accept the obli-<br>Signature, typed or printed name of registered a<br>OFFICERS A   | lle of Florida. Such change wa<br>igations of, Section 607.0505,<br>agent and tilled applicable (N                    | s authorized Florida Stat   | d by<br>tutes<br>d Age   | the corporat  | tion's board of directors. I hereby according when reinstating)                        | DATE                       | ointment as                   | registered                                   |  |
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14. To hereby certify that the information suggined with this limit does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this agridal report of 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 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 13 if chapter, or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

197 305-895-027