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 # P95000039891 (3)

VARADE	RO IV, INC.								
Principal Plac	e of Business	Mailing Address			······································	}			. 1111 1111
1111 LINCOLN ROAD. SUITE 800 1111 LINCOLN ROAD. SUITE 80 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-2451									
						3. Date Incorporated or Qualified 05/19/1995		Date of Last Re /02/1996	aport
2. Principal P	ace of Business	2a, Mailing Address 26			4. FEI Number 65-0578842		 	plied For t Applicable	
Suite, Apt	#, etc.	Suite, Apt #, etc			5. Certificate of Status Desired	烙	\$8.75 / Fee Re		
City & Stat	0	City & State			· · · · · · · · · · · · · · · · · · ·	Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	May Be
Zip 24	Country 25	Ζ(p	30	ountry		8. This corporation has liability for		e tax under s.	
[24]	g. Name and Address of Curre		[30]			10. Name and Address of New Re			
WE	INER, MICHAEL B			81	Name	10.			
111	LINCOLN ROAD, SUITE 800			82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)		
MIAMI BEACH FL 33139				83	···				
				84	City		FI	85 Zip (Code
office or n agent. La SIGNATURE	to the provisions of Sections by: registered agent, or both, in the Stat m familiar with, and accept the obli Styletic typed or period come of registered a					oration submits this statement for the ion's board of directors. I hereby acce at when reinstating)	pt the ap	pointment as	registered
12.	OFFICERS A	ND DIRECTORS	1:	3.		ADDITIONS/CHANGES TO OFFI	CERS AN	ID DIRECTOR	
THILE	P	☐ DELETE	1.1	1 TITLE]			L Change	Addition
NAME	WERNER, MICHAEL B		1.3	2 NAME					
STREET ADDRESS	1111 LINCOLN ROAD # 800		- 1	3 STREET	1				
City-St-ZiP	MIAMI BEACH FL	T printe		4 CITY - ST	- ZIP			Ch	T Addition
TITLE	S CADEINIVIE DAMO	DELETE		1 TITLE	1	Y (1)		Change	Addition
NAME	GARFINKLE, DAVID 1111 LINCOLN ROAD			2 NAME	I BRREAG				
STREET ADDRESS	MIAMI BEACH FL			3 STREET					
CITY-SI-7IP TITLE	MINMI DEACTITE	DELETE		4 CITY - S 1 TITLE	1-212			Change	Addition
NAME				2 NAME	ĺ				
STREET ADDRESS				3 STREET	ADDRESS				
CITY - ST - ZIP				4. CITY-S					
TITLE		DELETE		1 TITLE				Change	Addition
NAME			4.	2 NAME					
STREET ADORESS			4.0	3 STREET .	ADDRESS				
CITY-ST-ZIP				4 CITY - ST	· ZIP				
THLE		☐ DELETE	5.1	1 TITLE				Change	Addition
NAME			5.3	2 NAME	(
STREET ADORESS			5.3	3 STREET	ADDRESS				
CHTY - S1 - ZIF			5.4	4 CITY-ST	- 21P				
THLE		DELETE	6.1	1 TITLE				Change	Addition

6.2 NAME 6.3 STREET ADDRESS

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

STREET ADDRESS

FILED

Mar 26 1997 8:00am

Secretary of State