

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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P 95000062432 (6)

1. Corporation Name



Principal Place of Business	Mailing Address
19 WEST FLAGLER STREET SUITES 502-503 MIAMI, FL. 33130	19 WEST FLAGLER STREET SUITES 502-503 MIAMI, FL. 33130

3. Date Incorporated or Qualified 08/14/1995	3a. Date of Last Report
4. FEI Number 65-0596904	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MERSKY, SCOTT A.
19 WEST FLAGLER STREET
MIAMI, FL. 33130 SUITES 502-503

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, Name, Title, Address, City, State, Zip

(NOTE: An Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	4.1 TITLE	4.2 NAME
NAME	STREET ADDRESS	1.2 NAME	1.3 STREET ADDRESS
CITY - ST - ZIP	19 WEST FLAGLER STREET SUITES 502-503 MIAMI, FL. 33130	1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	2.2 NAME
NAME	STREET ADDRESS	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
CITY - ST - ZIP	19 WEST FLAGLER STREET SUITES 502-503 MIAMI, FL. 33130	3.1 TITLE	3.2 NAME
TITLE	NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
NAME	STREET ADDRESS	4.1 TITLE	4.2 NAME
CITY - ST - ZIP		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
NAME	STREET ADDRESS	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
CITY - ST - ZIP		6.1 TITLE	6.2 NAME
TITLE	NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
NAME	STREET ADDRESS	200002144032	
CITY - ST - ZIP		-04/15/97--01032--008	
		***165.00	

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.

SIGNATURE

David B. Freed
DAVID B. FREED

4-9-97

305-358-8529