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

FILED Apr 03 1997 8:00am Secretary of State

DOCUMENT #	P95000070520	(8)

	MENT # P95 RON ASSOCIATES, I		520 (8)			 	9))) 99 (11 90 ()(1 08 ()) 1 11 11 11 11 11 11 11 11 11 11 11 11 1	88 0) (10 8)
Principal Place 467 LINOOLN F GUITE 5-8 MAM BEACH	OAD	467 - 6UIT	ting Address LINOOLN ROAD E-5-D III BEACH FL 89160 30)00					
						3. Date incorporated or Qua 09/13/1995		ate of Last Re 15/1996	port
	lace of Business 以っしをほよけて	On 26	Mailing Address 3.10 UNI	UER \$ (1	y DR.	4. FEI Number 65-0607913			plied For t Applicable
Suite, Apt	#, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desir	ed 🗆	\$8.75 A Fee Rec	
City & State	6 -	<u>_</u>	City & State		<u></u>	6. Election Campaign Finan		\$5.00	May Be
23 CORA	Country -	t \ 28	CORAL ST. Zip	RINGL Country	7	Trust Fund Contribution 8. This corporation has liabi	lity for intanoible	Added to	
24 330	77 25 g. Name and Address of	29		30		Florida Statutes 10. Name and Address of N	☐ Yes	No	
-BRIT	O, LUIS G	ii Curretti Negiste	neo Agent	81	Name T	<u> </u>		Koant	
407 -	LINCOLN ROAD-			82	Street Addre	ss (P.O. Box Number is Not Ac	cepyable)	# 5.	
	re 5-8 Mi Beach fl 33139			83	910	UNIVERBITY	VR.	# 5 0:	<u> </u>
,,,,,				84	City			85 Zip C	ode
11 Pursuant	to the provisions of Sections	7 4607,8502 and 60	7 1608 Florish Statut		COR	AL AIRINGS	the ournose o	. 730	\ 77
office or r agent. La	egistered agent, or both in t im familiar with, and accept t	the State of Florida	Such change das e	orida Statutes.	he corporation	vation submits this statement fon's board of directors. I hereby	accept the app	of itment as r	egistered
SIGNATURE	Aut	igistered agent and title if		£ Registered Agent			3/5/	97	
12.	OFFIC	ERS AND DIRECT		712		ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTORS	S IN 12
TOTLE	PVST		DELETE	1,1 TITLE -				Change	Addition
NAME	SCARBERRY, PHYLISS			1.2 NAME					!
STREET ADDRESS	754 HERON RD	00000		1.3 STREET A	DDRESS				ļ
CITY-ST-7%	FORT LAUDERDALE FL	, 33326	T SELETE	1.4 CITY - ST -	ZIP				LATER
THLE			☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME				2.2 NAME					
STREET ADORESS				2.3 STREET A	1				ļ
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NAME			C.3	3.2 NAME				ondings	
STREET ADDRESS				33 STREET A	nnares				ĺ
CHY-SI-2IP				3.4. GITY-ST					
TITLE			DELETE	4.1 TITLE		1		Change	Addition
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CITY-ST-ZIF				4.4 CITY - ST-	ZIP				
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NAME				5.2 NAME					
STREET ADDRESS	li .			5.3 STREET A	DDRESS				ĺ
CITY-ST-ZIP				5.4 CITY-ST-	ZiP !				
TITLE			DELETE	6.1 TITLE				Change	☐ Addition
NAME				6.2 NAME	}				
STREET ADDRESS				6.3 STREET A	Doress				,
CITY-ST-ZIP	A-10,			64 CITY-ST-	ZIP				

14. If 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 supplimental 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 on the coloration or the reservoir or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Bloc

SIGNATURE:

0190255