

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~95000079663~~
1. Corporation Name
*** P 95000079663**

Principal Place of Business Mailing Address
**100 North Biscayne Blvd. Suite 2800
Miami, Florida 33132**

| | | | |
|---|---------------------|---|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | 3a. Date of Last Report |
| 21 100 N. Biscayne Blvd. | 26 Same as #2 | 65-0617102 | 1 / 1 / 96 |
| 22 2800 | 27 | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 Miami, Florida | 28 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 33132 | 25 USA | 29 | 30 |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |

9. Name and Address of Current Registered Agent
**Stuart Reed
100 N. Biscayne Blvd., Suite 2800
Miami, Florida 33132**

10. Name and Address of New Registered Agent
81 Name **Avi Carmel**
82 Street Address (P.O. Box Number is Not Acceptable) **100 N. Biscayne Blvd. Suite 2800**
83 **Miami**
84 City **FL** 85 Zip Code **33132**

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 607.0405, Florida Statutes.

SIGNATURE *Avi Carmel* DATE **4/25/97**

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | President, Secretary & Director |
| STREET ADDRESS | Avi Carmel |
| CITY-ST-ZIP | 100 N. Biscayne Blvd. #2800 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | Miami, FL 33132 |
| STREET ADDRESS | Vice President, Director |
| CITY-ST-ZIP | Stuart Reed |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | 100 North Biscayne Blvd. |
| STREET ADDRESS | Miami, FL 33132 |
| CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE | <input checked="" type="checkbox"/> DELETE |
| NAME | Treasurer, Director |
| STREET ADDRESS | Mikal Grass |
| CITY-ST-ZIP | 100 N. Biscayne Blvd. #2800 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | Miami, FL 33132 |
| STREET ADDRESS | <input type="checkbox"/> DELETE |
| CITY-ST-ZIP | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | V.P., Treasurer, Director |
| 1.3 STREET ADDRESS | Avi Carmel |
| 1.4 CITY-ST-ZIP | 100 North Biscayne Blvd. #2800 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | 300002177083 |
| 6.3 STREET ADDRESS | -05/13/97--01073--051 |
| 6.4 CITY-ST-ZIP | ***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 is stated 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 or changed, or on an attachment with an address.

SIGNATURE: *Avi Carmel* DATE: **3/31/97** (305) 577-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)