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 # P95000081632 (8)

FILED Apr 23 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 255 SE WAVECREST WAY BOCA RATON FL 33432 AMAIling Address 255 SE WAVECREST WAY BOCA RATON FL 33432												
								 Date Incorporated or Quality 10/23/1995 		. Date of L		port
2. Principal F	Place of Busi	ness	2a. N	Mailing Address				4. FEI Number		10,10		plied For
21			26					58-2203605			No	Applicable
Suite, Apt. #, ctc. City & State 3			27	Suite, Apt. #, etc. 27 City & State 28			5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees					
Zip		Country		Zip	Coi	untry		8. This corporation has liabilit		·····		
24		25	29		30			Florida Statutes		☐ No		,
		and Address of Curr	ent Registe	ered Agent				10. Name and Address of Ne	w Register	red Agent		
AN	DRIOFF, CI	HRISTINA				81	Name					
		CREST WAY					Street Add	ddress (P.O. Box Number is Not Acceptable)				· · · · · · · · · · · · · · · · · · ·
BO	ca raton	FL 33432						·				
						83						
						84	City			85	Zip (ode
			····						<u>_</u>	FL w		
11. Pursuant	t to the pravi	sions of Sections 607.0	502 and 607	7.1508, Florida Sta	tutes, the e	bove	-named cor	poration submits this statement for	the purpos	an or or or or		
office or agent. La								poration submits this statement for ation's board of directors. I hereby			nt as	registered
SIGNATURE		d or pented name of registered	agent and title if	applicable (f	OTE Registere			alred when reinstating)	DA'	TE		
SIGNATURE			agent and title if	applicable (f		ed Agen			DA'	TE	CTOR	S IN 12
SIGNATURE	Signature type	d or ponted name of registered OFFICERS A	agent and title if	applicable (f	13.	ed Agen		alred when reinstating)	DA'	TE AND DIRE	CTOR	
SIGNATURE 12. TITLE	Signature type D ANDRIO	d or pented name of registered	agent and title if	applicable (f	13. 1.1 T	ad Agen TITLE		alred when reinstating)	DA'	TE AND DIRE	CTOR	S IN 12
SIGNATURE 12. TITLE NAME STREEL ADDRESS	D ANDRIO 255 SE	d or printed name of registered OFFICERS A	agent and title if	applicable (f	13. 1.1 T 1.2 M	ed Agen TITLE IAME STREET A	nt signature requi	alred when reinstating)	DA'	TE AND DIRE	CTOR	S IN 12
SIGNATURE 12. TITLE NAME	D ANDRIO 255 SE	of pented name of registered OFFICERS A FF, CHRISTINA WAVECREST WAY	agent and title if	applicable (f	13. 1.1 T 1.2 M	ed Agen Title IAME Street A	nt signature requi	alred when reinstating)	DA'	TE AND DIRE	CTOR: ange	S IN 12
SIGNATURE 12. TIFLE NAME STREEL ADDRESS CITY -ST-ZIP	D ANDRIO 255 SE	of pented name of registered OFFICERS A FF, CHRISTINA WAVECREST WAY	agent and title if	epplicable (F FORS DELETE	13. 1.3.7 1.2.6 1.3.9 1.4.0 2.1.7	ed Agen Title IAME Street A	nt signature requi	alred when reinstating)	DA'	TE AND DIREC	CTOR: ange	S IN 12
SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY - S1 - ZIP TITLE	D ANDRIO 255 SE	of pented name of registered OFFICERS A FF, CHRISTINA WAVECREST WAY	agent and title if	epplicable (F FORS DELETE	13. 13. 13.7 1.2 h 1.3 S 1.4 C 2.1 T 2.2 h	TITLE IAME STREET A CITY-ST TITLE VAME	nt signature requi	alred when reinstating)	DA'	TE AND DIREC	CTOR: ange	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIF TITLE NAME	D ANDRIO 255 SE	of pented name of registered OFFICERS A FF, CHRISTINA WAVECREST WAY	agent and title if	epplicable (F FORS DELETE	13. 13. 13.7 1.2 M 1.3 S 1.4 C 2.1 T 2.2 M 2.3 S	TITLE IAME STREET A CITY-ST TITLE VAME	ADDRESS - ZIP	alred when reinstating)	DA'	TE AND DIREC	CTOR: ange	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIF TITLE NAME STREET ADDRESS	D ANDRIO 255 SE	of pented name of registered OFFICERS A FF, CHRISTINA WAVECREST WAY	agent and title if	epplicable (F FORS DELETE	13. 13. 13.7 1.2 M 1.3 S 1.4 C 2.1 T 2.2 M 2.3 S	ed Agen TITLE IAME STREET A TITLE VAME STREET A CITY-ST	ADDRESS - ZIP	alred when reinstating)	DA'	TE AND DIREC	CTOR: ange ange	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CHY - ST - ZIP	D ANDRIO 255 SE	of pented name of registered OFFICERS A FF, CHRISTINA WAVECREST WAY	agent and title if	epplicable (F	13. 13. 13. 13. 13. 12. 13. 14. 21. 22. 23. 24. 31.1	ed Agen TITLE IAME STREET A TITLE VAME STREET A CITY-ST	ADDRESS - ZIP	alred when reinstating)	DA'	TE AND DIRECTOR Ch	CTOR: ange ange	S IN 12 Addition
SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-S1-ZIP TITLE NAME STREEL ADDRESS CITY-S1-ZIP TITLE	D ANDRIO 255 SE	of pented name of registered OFFICERS A FF, CHRISTINA WAVECREST WAY	agent and title if	epplicable (F	13. 1.1 T. 1.2 M. 1.3 S. 1.4 C. 2.1 T. 2.2 M. 2.3 S. 2.4 4 G. 3.1 1. 3.2 M.	ITLE IAME STREET A CITY-ST ITLE VAME STREET A CITY-SI ITLE	ADDRESS - ZIP	alred when reinstating)	DA'	TE AND DIRECTOR Ch	CTOR: ange ange	S IN 12 Addition
SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CHY - ST - ZIP TITLE NAME	D ANDRIO 255 SE	of pented name of registered OFFICERS A FF, CHRISTINA WAVECREST WAY	agent and title if	applicable (FITORS DELETE DELETE	13. 1.1 T 1.2 M 1.3 S 1.4 C 2.1 T 2.2 M 2.3 S 2.4 I 3.1 1 3.2 M 3.3 S	ITLE IAME STREET A CITY-ST ITLE VAME STREET A CITY-SI ITLE	ADDRESS - ZIP ADDRESS 1 - ZIP ADDRESS ADDRESS ADDRESS	alred when reinstating)	DA'	TE AND DIRECTOR Ch	CTOR: ange ange	S IN 12 Addition
SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS STREEL ADDRESS	D ANDRIO 255 SE	of or pented name of registered OFFICERS A FF, CHRISTINA WAVECREST WAY	agent and title if	epplicable (F	13. 1.1 T 1.2 M 1.3 S 1.4 C 2.1 T 2.2 M 2.3 S 2.4 I 3.1 1 3.2 M 3.3 S	ITLE LAME STREET A STREET A STREET A STREET A CITY-SI ITLE LAME LAME STREET A CITY-SI CTY-SI CTY-SI	ADDRESS - ZIP ADDRESS 1 - ZIP ADDRESS ADDRESS ADDRESS	alred when reinstating)	DA'	TE AND DIRECTOR Ch	CTOR: ange ange	S IN 12 Addition
SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY ST-ZIP	D ANDRIO 255 SE	of or pented name of registered OFFICERS A FF, CHRISTINA WAVECREST WAY	agent and title if	applicable (FITORS DELETE DELETE	13. 1.17 1.2 M 1.3 S 1.4 C 2.17 2.2 M 2.3 S 2.4 4 3.1.1 3.2 M 3.3 S 3.4.1	ITLE LAME STREET A STREET A STREET A STREET A CITY-SI ITLE LAME LAME STREET A CITY-SI CTY-SI CTY-SI	ADDRESS - ZIP ADDRESS 1 - ZIP ADDRESS ADDRESS ADDRESS	alred when reinstating)	DA'	TE AND DIRECT Ch	CTOR: ange ange	S IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREELADDRESS CITY-S1-ZIP TITLE NAME STREELADDRESS CHY-S1-ZIP TITLE NAME STREELADDRESS CITY S1-ZIP TITLE TITLE NAME TITLE NAME TITLE	D ANDRIO 255 SE	of or pented name of registered OFFICERS A FF, CHRISTINA WAVECREST WAY	agent and title if	applicable (FITORS DELETE DELETE	13. 1.17 1.2 M 1.3 S 1.4 C 2.17 2.2 M 2.3 S 2.4 4 3.11 3.2 M 3.3 S 3.4.1 4.1 T 4.2	ITLE LAME STREET A LOTY-ST LITLE VAME STREET A LOTY-SI LITLE LAME CITY-SI LITLE LAME LAME LAME LAME LAME LAME LAME LA	ADDRESS - ZIP ADDRESS 1 - ZIP ADDRESS ADDRESS ADDRESS	alred when reinstating)	DA'	TE AND DIRECT Ch	CTOR: ange ange	S IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CHY - ST- ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME TITLE NAME NAME	D ANDRIO 255 SE	of or pented name of registered OFFICERS A FF, CHRISTINA WAVECREST WAY	agent and title if	epplicable (FTORS DELETE	13. 1.17 1.2 M 1.3 S 1.4 C 2.17 2.2 M 2.3 S 2.4 4 3.11 3.2 M 3.3 S 3.4.1 4.1 1 4.2 4.3 S 4.4 C	ITLE IAME STREET A STRE	ADDRESS - ZIP ADDRESS 1 - ZIP ADDRESS 1 - ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	alred when reinstating)	DA'	TE AND DIRECT Ch	CTORI ange	S tN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	D ANDRIO 255 SE	of or pented name of registered OFFICERS A FF, CHRISTINA WAVECREST WAY	agent and title if	applicable (FITORS DELETE DELETE	13. 1.17 1.2 h 1.3 s 1.4 C 2.1 T 2.2 h 2.3 s 2.4 1 3.1 1 3.2 h 3.3 s 3.4 . 4.1 T 4.2 c 4.3 s 4.4 C 5.1 1	ITLE IAME STREET A ST	ADDRESS - ZIP ADDRESS 1 - ZIP ADDRESS 1 - ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	alred when reinstating)	DA'	TE AND DIRECT Ch	CTORI ange	S IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREELADDRESS CITY-ST-ZIP TITLE NAME STREELADDRESS CITY-S1-ZIP	D ANDRIO 255 SE	of or pented name of registered OFFICERS A FF, CHRISTINA WAVECREST WAY	agent and title if	epplicable (FTORS DELETE	13. 1.3 T 1.2 h 1.3 S 1.4 C 2.1 T 2.2 h 2.3 S 2.4 I 3.1 I 3.2 h 3.3 S 3.4 I 4.2 I 4.3 S 4.4 C 5.1 I 5.2 h	ITLE LAME STREET A STREET A STREET A COTY-ST STREET STREET A COTY-ST STREET STREET A COTY-ST STREET STREET A COTY-ST STREET STRE	ADDRESS - ZIP ADDRESS 1 - ZIP ADDRESS 1 - ZIP ADDRESS 1 - ZIP	alred when reinstating)	DA'	TE AND DIRECT Ch	CTORI ange	S tN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREELADDRESS CITY-ST-ZIP TITLE	D ANDRIO 255 SE	of or pented name of registered OFFICERS A FF, CHRISTINA WAVECREST WAY	agent and title if	epplicable (FTORS DELETE	13. 1.3 T 1.2 h 1.3 S 1.4 C 2.1 T 2.2 h 2.3 S 2.4 I 3.1 I 3.2 h 3.3 S 3.4 I 4.2 I 4.3 S 4.4 C 5.1 I 5.2 h	ITLE LAME STREET A STREET A STREET A COTY-ST STREET STREET A COTY-ST STREET STREET A COTY-ST STREET STREET A COTY-ST STREET STRE	ADDRESS - ZIP ADDRESS 1 - ZIP ADDRESS 1 - ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	alred when reinstating)	DA'	TE AND DIRECT Ch	CTORI ange	S tN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP	D ANDRIO 255 SE	of or pented name of registered OFFICERS A FF, CHRISTINA WAVECREST WAY	agent and title if	applicable (FIORS DELETE DELETE	13. 1.3 T 1.2 h 1.3 S 1.4 C 2.1 T 2.2 h 2.3 S 2.4 I 3.1 I 3.2 h 3.3 S 3.4 I 4.2 I 4.3 S 4.4 C 5.1 I 5.2 h 5.3 S 5.4 G	ITLE LAME STREET A LOTY-ST LITLE VAME STREET A COTY-SI LITLE NAME STREET A COTY-SI LITLE VAME LOTY-SI LITLE VAME LOTY-S	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	alred when reinstating)	DA'	TE AND DIRECT Ch Ch	CTOR: ange ange ange	S IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CHY-ST-ZIP TITLE	D ANDRIO 255 SE	of or pented name of registered OFFICERS A FF, CHRISTINA WAVECREST WAY	agent and title if	epplicable (FTORS DELETE	13. 13. 13. 13. 13. 13. 14. 13. 14. 21. 22. 23. 24. 31. 32. 44. 41. 42. 43. 44. 51. 52. 6.1.	ITLE LAME STREET A ST	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	alred when reinstating)	DA'	TE AND DIRECT Ch	CTOR: ange ange ange	S tN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREELADDRESS CITY-ST-ZIP TITLE NAME	D ANDRIO 255 SE BOCA F	of or pented name of registered OFFICERS A FF, CHRISTINA WAVECREST WAY	agent and title if	applicable (FIORS DELETE DELETE	13. 1.3 T 1.2 h 1.3 S 1.4 C 2.1 T 2.2 h 2.3 S 2.4 I 3.1 1 3.2 h 3.3 S 3.4 I 4.1 T 4.2 I 4.3 S 4.4 C 5.1 1 5.2 h 5.3 S 5.4 C 6.1 T 6.2 h	ITLE LAME STREET A LITY-ST LITLE LAME LAME LITY-ST LITLE LAME LA	ADDRESS - ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP	alred when reinstating)	DA'	TE AND DIRECT Ch Ch	CTOR: ange ange ange	S IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREELADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D ANDRIO 255 SE BOCA F	of pented name of registered OFFICERS A FF, CHRISTINA WAVECREST WAY	agent and title if	applicable (FIORS DELETE DELETE	13. 1.3 T 1.2 h 1.3 S 1.4 C 2.1 T 2.2 h 2.3 S 2.4 I 3.1 1 3.2 h 3.3 S 3.4 I 4.1 T 4.2 I 4.3 S 4.4 C 5.1 1 5.2 h 5.3 S 5.4 C 6.1 T 6.2 h	ITLE LAME STREET A LITY-ST LITLE LAME LAME LITY-ST LITLE LAME LA	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	alred when reinstating)	DA'	TE AND DIRECT Ch Ch	CTOR: ange ange ange	S IN 12 Addition Addition Addition Addition

4. 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 embedded 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

IGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICEFOR DIRECTOR

4/17/97

(861)988 584

e Phone #