

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

FILED

May 15 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 # P95000084370 (2)

1. Corporation Name
ADLER NT, INC.

Principal Place of Business
1400 N.W. 107TH AVENUE
5TH FLOOR
MIAMI FL 33172

Mailing Address
1400 N.W. 107TH AVENUE
5TH FLOOR
MIAMI FL 33172-2746



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
11/02/1995

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0620917

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

10. Name and Address of New Registered Agent

LEVY, JOEL
1400 N.W. 107TH AVENUE
5TH FLOOR
MIAMI FL 33172

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ADLER, MICHAEL M	
STREET ADDRESS	1400 N.W. 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VPS	<input checked="" type="checkbox"/> DELETE
NAME	LEVY, JOEL	
STREET ADDRESS	1400 N.W. 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	ADLER, HERBERT	
STREET ADDRESS	1400 N.W. 107TH AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO/D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D/EV/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Levy, Joel	
2.3 STREET ADDRESS	1400 Nw 107 Ave.	
2.4 CITY-ST-ZIP	Miami, FL 33172	
3.1 TITLE	D/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Arrizurieta, Luis	
3.3 STREET ADDRESS	1400 Nw 107 Ave.	
3.4 CITY-ST-ZIP	Miami, FL 33172	
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Adler, Linda K.	
4.3 STREET ADDRESS	1400 Nw 107 Ave.	
4.4 CITY-ST-ZIP	Miami, FL 33172	
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		
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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97
Date

305-392-4050
Daytime Phone #

CR2E034 (9/96)