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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Apr 17 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000085944 (3)

PARBO 1801, INC.

Principal Place of Business

STREET ADDRESS

TUMPSON & CHARCHAT, P.A. THOMPSON & CHARCHAT, P.A. 848 BRICKELL AVENUE, SUITE 400 848 BRICKELL AVENUE, SUITE 400 MIAMI FL 33131-2915 MIAMI FL 33131 3. Date Incorporated or Qualified 3a. Date of Last Report 11/08/1995 05/01/1996 2. Principal Place of Business Applied For 2a. Mailing Address FEI Number Not Applicable 65-0623047 26 Suite, Apt. #, ctc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country This corporation has liability for intaggible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHARCHAT, STEVEN M ESQ. TUMPSON & CHARCHAT, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 848 BRICKELL AVENUE, SUITE 400 83 MIAMI FL 33131 84 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Storature, typed or per trici came of rigistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 96/6) 13. 12. DELETE Change Addition 11 TITLE BILL 12 NAME NALT MARMOL, MILDRED 848 BRICKELL AVENUE, SUITE 400 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33131** 1.4 CITY+ST-ZIP Cilly SI - Zif Addition DELETE 2.1 TITLE Change 2.2 NAME NAME 2.3 STREET ADDRESS SUBJECT ADDRESS 2. 4 CITY - ST - ZIP CUTY- ST. ZIF DELETE Change Addition THLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STHEE: ALDRESS 3.4. CITY-ST-ZIP City-51 ZiP DELETE Change Addition 11516 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST ZIF __ Addition DELFTE 5.1 TITLE THUE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP COY-SI-2B Addition DELETE 7111 6.1 TITLE MME 6.2 NAME

> 6.3 STREET ADDRESS 6.4 City-St-Zip

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 ham 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.

Mildred Marmol 4/12/9n Cb 305398-8005

14. I do hereby cell by that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the