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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9500088365 (8)

DIRE WOLF, INC.

Principal Place of Business

7134 COLLINS AVE MIAMI BEACH FL 33141 Mailing Address

7134 COLLINS AVE

MIAMI BEACH FL 33141-3212

FILED Apr 18 1997 8:00am Secretary of State



									L					
										11/17/1995 05/0			te of Last Report 1/1996	
2. Principal Place of Business				2a.	2a. Mailing Address					4, FEI Number		Aı	pplied For	
21 Suite And Hoste			26						65-0624688			ol Applicable		
Suite, Apt. #, etc.			<u> </u>	Suite, Apt. #, etc.					5. Certificate of Status Desired	П		Additional		
Chy & State			27	City & State							Fee Re	equired		
										6. Election Campaign Financing		,	Мау Ве	
23	Zip		Country	28	Zip	T Co	untry			Trust Fund Contribution	<u> </u>		to Fees	
24			25	29	Σιβ	30				8. This corporation has liability for		-	. 199.032,	
		9, Name and Address of Current					Florida Statutes Yes No 10, Name and Address of New Registered Agent							
SOROTA, ALAN M ESQ.								81 Name						
FEINSTEIN & SOROTA, P.A.														
290 N.W. 165TH ST., PENTHOUSE 4					ENT .		82	Street	Address	(P.O. Box Number is Not Accepta	ble)			
		MI FL 3316		/E:111		83								
mirani i E 50100														
							84	City			FL	85 Zip (Code	
11	Pursuant	to the provis	ions of Sections 607.05	02 and 60	7.1508, Florida Statut	tes, the a	LLLI Bove	-named	i corpora	tion submits this statement for the s board of directors. I hereby acce		l I changing it	s registered	
	office or re agent. La	egistered ag m familiar wi	ent, or both, in the State th, and accept the oblig	of Florid pations of	a. Such change was Section 607 0505. FI	authorize orida Sta	ed by	the cor	poration's	s board of directors. I hereby acce	pt the appo	intment as	registered	
eic	SNATURE		in, and accopt into obing	janorio Oi,	000007007.0000,11	onda ott	illilos	1,						
0.0	MATORE	Signature, typed	or printed name of registered ag	ent and title i	applicable (NOI	E Registere	ed Age	nt signature	lw beniuper o	hen reinstaung)	DATE			
12			OFFICERS AN	ID DIREC		13.				ADDITIONS/CHANGES TO OFF				
TITL	- I	DPST	***		L DELETE	1.1 1	ITLE			•	E	Change	Addition	
NAME		KRASICK, SCOTT					1.2 NAME							
STREET ADDRESS		7431 DICKENS AVE					13 STREET ADDRESS 9		1226	E.BAY HARBOR -	λe. ≖	21		
CITY-ST-ZIP		MIAMI BEACH FL 33141					1.4 CITY-ST-		BAY	E.BAY HARBOR S HARBOR TSLAND	FL	331.	54	
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NAME						2.2 N								
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NAME					LJ beter						ι	Change	☐ Addition	
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NAME					- P1411E	5.2 N					L.	Onange	Addition	
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NAME						62 N					L-	onungo	Addition	
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	ST-ZIP													
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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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.