## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1997		Secretary of State DIVISION OF CORPORATIONS		Secretary of State	
1. Corporation	MENT # P9500( NCORPORATED	0090989 (1)			
2 <del>4</del> 01, II	NOORFORKED			1 114 110 11 11 10 10 10 10 10 10 10 10 10 10	 
Principal Place	e of Business	Mailing Address		—	
UNIT 2401 AN 2127 BRICKEL MIAMI FL 3312		UNIT 2401 AND 2402 OF BRISTOL TOWER 2127 BRICKELL AVE. MIAMI FL 33129		DO NOT WRITE  3. Date Incorporated or Qualified	E IN THIS SPACE  3a. Date of Last Report
				'	01/30/1996
<del></del>	lace of Business	2a. Mailing Address		11/30/1995 4. FEI Number 65-0	77700 Applied For
Sulte, Apt.	# ptc	Suite, Apt. #, etc.		APPLIED FOR	Not Applicable  \$8.75 Additional
22	π, OlC.	27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip <b>24</b>	Country 25	Zip 29	Country 30	8. This corporation owes or has per Personal Property Tax due June	
24	9. Name and Address of Curren		301	10. Name and Address of New Re	
CRO	ONIG, STEVEN C		81 Name	AM C. DAVIS,	TH7
				ress (P.O. Box Number is Not Acceptal	ole)
501 BRICKELL KEY DRIVE				LE JEUNE	RD.
MIAMI FL 33131-2623				1.2	
			84 City	r bables	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named corp	poration submite this statement for the r	number of changing its registered
office or re agent. I as	egistere agent of both, in he State m familiar viit, and accept he oblige	of Florida, Such change was au ations of Section 607,0505, Flor	uthorized by the corporal ida Statutes.	tion's board of directors. I hereby acce	ot the appointment as registered
SIGNATURE	Illa Cal-	- La Wici	LIMY C. DAL	is, I AC	Cost 1, 1997
12.	Signature, typed or printed name of registered ago	ont and title if applicable (NOTE:	Registered Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
TITLE	OFFICERS AN	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	RIPSTEIN, SYLVIA	434	1.2 NAME		
STREET ADDRESS	2127 BRICKELL AVE. UNIT 24	101	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33129	· · · · · · · · · · · · · · · · · · ·	1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME		paint State of E	3.2 NAME		- strange - insulten
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME		Print	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-7/P		

14. Ido 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 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 truster enpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment part an address.

**FILED** 

Aug 12 1997 8:00am