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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

Principal Place of Business C/O MARSHA & MADORSKY, ESO. 280S SOUTH BATSHORE DRIVE MAMI FL 33133  280 SOUTH BATSHORE DRIVE MAMI FL 33133  280 DID Incorporated or Qualified 12/04/1995  290 SUIRO, Apt #, etc. 291 Suille, Apt #, etc. 292 SUIRO, Apt #, etc. 293 City & State 294 275  295 Country 295 287  296 Country 296 297  297  Country 297  298 SOUTH BATSHORE DRIVE 298 SOUTH BATSHORE DRIVE 298 SOUTH BATSHORE DRIVE #603  Added to Fees 298 SOUTH BATSHORE DRIVE #603  MIAMI FL 33133  298 SOUTH BATSHORE DRIVE #603  AMDORSKY, MARSHA G. ADDORSKY, ESO. 2885 SOUTH BATSHORE DRIVE #603  MIAMI FL 33133  298 SOUTH BATSHORE DRIVE #603  AMDORSKY, MARSHA G. ADDORSKY, MARSHA G. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. Pursuant to the provisions of Sections 607 50502 and 607 15506, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. The florids Such charge was authorized by the abovenness provided by the opponentment as registered office or registered agent. The florids Such charge was authorized by the apponentment as registered office or registered agent. The florids Such charge was authorized by the opponentment as registered affects or registered agent. The florids Such charge was authorized by the apponentment as registered affects or registered agent. The florids Such charge was authorized by the opponentment as registered affects or registered agent. The florids Such charge was authorized by the corporation's board of directors. Thereby accept the apponentment as registered affects or registered agent. The florids Such charge was authorized by the corporation's board of directors. Thereby accept the apponentment as registered affects or registered agent. The florids Such charge was authorized by the corporation's board of directors. Thereby accept the apponentment as r	C/O MARSHA G. 2685 SOUTH BAYS MIAMI FL 33133  2. Principal Place 21 Suite, Apt. #, et. 22 City & State 23 Zip 24  9. MADOR C/O M/ 2685 SO MIAMI F  11. Pursuant to the office or regist agent. I am far SIGNATURE SIGNATURE 12. TITLE D MME	MADORSKY, ESO. HORE DRIVE  of Business c.  Country	C/O MARSHA G. MADO 2665 SOUTH BAYSHORE MIAMI FL 33133 2a, Mailing Address 26 Suite, Apt. #, etc.		DO NOT WRITE IN THIS  3. Date incorporated or Qualified  12/04/1995  4. FEI Number	SPACE		
### 2665 SOUTH BAYSHORE DRIVE MIAMI FL 33133  ### 27 Principal Place of Business  ### 2. Business  ### 3. Business  #	2685 SOUTH BAYS MIAMI FL 33133  2. Principal Place 21 Suite, Apt. #, et 22 City & State 23 Zip 24  9. MADOR C/O M/ 2665 SC MIAMI F  11. Pursuant to the office or regist agent. I am far SIGNATURE SIGNATURE 12. ITILE D MM	of Business c	2665 SOUTH BAYSHORE MIAMI FL 33133  2a. Mailing Address 26 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 12/04/1995 4. FEI Number			
2. Principal Place of Business   2s. Mailing Address   4. FEI Number   Applied For   21   28   Suite, Apt. #, etc.   Suite, Apt. #, etc.   22   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Scriptificate of Status Desired   \$8.75 Additional Fee Required   22   City & State   Country   Zip   Country   St. Trust Fund Contribution   Added to Fees   23   29   30   Trust Fund Contribution   Added to Fees   24   Zip   Country   Zip   Country   St. Trust Fund Contribution   Added to Fees   25   City & State   Country   Zip   Country   St. Trust Fund Contribution   Added to Fees   26   Trust Fund Contribution   Added to Fees   Country   Zip   Country   St. Trust Fund Contribution   Added to Fees   26   Zip   Country   Zip   Country   St. Trust Fund Contribution   Added to Fees   27   Country   Zip   Country   St. Trust Fund Contribution   Added to Fees   Country   Zip   Country   St. Trust Fund Contribution   Added to Fees   City   Country   Zip   Country   St. Trust Fund Contribution   Added to Fees   City   Country   St. Trust Fund Contribution   Added to Fees   City   Country   St. Trust Fund Contribution   Added to Fees   City   Country   St. Trust Fund Contribution   Added to Fees   City   Country   St. Trust Fund Contribution   City   City	21 Suite, Apt. #, etc 22 City & State 23 Zip 24 9.  MADOR C/O M/ 2665 SI MIAMI F  11. Pursuant to the office or regist agent. I am far SIGNATURE 12.  IITLE D NAME M.	C Country	26 Suite, Apt. #, etc. 27		12/04/1995 4. FEI Number	Table 5		
22. Malling Address   24. Malling Address   25. Milling Address   26. Milling Address   27. Mort Applied For Interest   28. Mort Applied For Interest   27. Mo	21 Suite, Apt. #, etc 22 City & State 23 Zip 24 9.  MADOR C/O M/ 2665 SI MIAMI F  11. Pursuant to the office or regist agent. I am far SIGNATURE 12.  IITLE D NAME M.	C Country	26 Suite, Apt. #, etc. 27		4. FEI Number	Applied For		
Suite, Apt. #, etc.  Suite, Ap	Suite, Apt. #, et  22  City & State  23  Zip  24  MADOR C/O M/ 2665 S( MIAMI F  11. Pursuant to the office or regist agent. I am far  SIGNATURE  Signat  12.  IIIIE D MME  D M	Country	26 Suite, Apt. #, etc. 27					
Suite, Apt. #, etc  27 City & State Country City & State	Suite, Apt. #, et  22  City & State  23  Zip  24  9.  MADOR C/O M/ 2665 S( MIAMI F  11. Pursuant to the office or regist agent. I am far  SIGNATURE  SIGNATURE  12.  TITLE  NAME  D  M.	Country	Suite, Apt. #, etc.			<del></del>		
City & State    City & State     City &	Zip 24  9.  MADOR C/O M/ 2665 SC MIAMI F  11. Pursuant to the office or regist agent. I am far SIGNATURE  12.  TITLE NAME D M.	<b>⊢</b> ¬ ′	<del></del>		· -			
28   Zip   Country   Zip   Country   Zip   Country   8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30   Yes   No   No   No   No   No   No   No   N	Zip Zip 24  9.  MADOR C/O M/ 2665 SC MIAMI F  11. Pursuant to the office or regist agent. I am far SIGNATURE  12.  IIILE D NAME M.	<b>⊢</b> ¬ ′	City & State		b. Certificate bi Status Desired	Fee Required		
Zip	Zip  24  9.  MADOR C/O M/ 2665 SC MIAMI F  11. Pursuant to the office or regist agent. I am far SIGNATURE SIGNATURE 12.  TITLE D MME M	<b>⊢</b> ¬ ′	City & State			\$5.00 May Be		
28   29   30   Personal Property Tax due June 30.   Yes   No	MADOR C/O MA 2665 SC MIAMI F  11. Pursuant to the office or regist agent. I am fail SIGNATURE  12.  TITLE NAME D MADOR  MADOR  SIGNATURE D M.	<b>⊢</b> ¬ ′	+		Trust Fund Contribution	Added to Fees		
Name and Address of Euren Registered Agent   10. Name and Address of New Registered   10. Name and Address   10. Name and 10. Name and Address   10. Name and Address   10. Name and Address   10. Name and 10. Name an	MADOR C/O M/ 2665 SC MIAMI F  11. Pursuant to the office or regist agent. I am far SIGNATURE SIGNATURE 12. TITLE D NAME M.		<b>—</b>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	' '		
MADORSKY, MARSHA G ESO C/O MARSHA G. MADORSKY, ESO. 2865 SOUTH BAYSHORE DRIVE #603 MIAMI FL 33133  #4 City FL #85 Zip Code  #5 Zip Code  #5 Zip Code  #6 City FL #6 Zip Code  #6 Zip Cod	MADOR C/O M/ 2665 SC MIAMI F  11. Pursuant to the office or regist agent. I am far SIGNATURE 12. TITLE D NAME M.			30				
C/O MARSHA 6, MADORSKY, ESO. 2685 SOUTH BAYSHORE DRIVE #603 MIAMI FL 33133  82	C/O M/ 2665 SC MIAMI F  11. Pursuant to the office or regist agent. I am far SIGNATURE  12.  TITLE D NAME M.		Hadistelan Adelic	81 Name	10, Name and Addiess of New Hogisteleo	- Naur		
### 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 agent, or both, in the Statu of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or prefed name of registered agent and feel if applications   (NOTE Registered Agent signature required when reinstating)   DATE	2665 SC MIAMI F  11. Pursuant to the office or regist agent. I am far SIGNATURE  SIGNATURE  12.  TITLE D  NAME M.							
MIAMI FL 33133    84    City	MIAMI F  11. Pursuant to the office or regist agent. I am far SIGNATURE  SIGNATURE  12.  TITLE  D  NAME  M.	2665 SOUTH BAYSHORE DRIVE #603			ress (P.O. Box Number is Not Acceptable)			
## City ## PL 85 Zip Code  ## City ## PL 85 Zip	11. Pursuant to the office or regist agent. I am far SIGNATURE  12.  TITLE  NAME  D  M.							
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 agent, or both, in the Statu of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or prefet name of tegestered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE	SIGNATURE Signal  12.  TITLE D  NAME M	L 33133						
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 agent, or both, in the Statu of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the appointment as registered agent, and accept the obligations of, Soction 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and litre if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE	SIGNATURE Signal  12.  TITLE D  NAME M			84 City	FI	85 Zip Code		
Signature. Nypod or printed name of registered agent and life if applicable   NATE   Registered Agent signature required when reinstating   DATE     12.	Signal  12.  TITLE D  NAME M.	SIGNATURE						
TITLE D DELETE 1.1 TITLE	TITLE D	<del></del>	· · · · · · · · · · · · · · · · · · ·					
MADORSKY, MARSHA G STREET ADDRESS CITY-ST-ZIP  MIAMI FL 33133  DELETE  1.3 STREET ADDRESS MIAMI FL 33133  1.4 CITY-ST-ZIP  TITLE  L DELETE  2.1 TITLE  STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  Addition  Change Addition  Addition  Change Addition  Addition  Addition  STREET ADDRESS CITY-ST-ZIP  TITLE  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  3.3 STREET ADDRESS CITY-ST-ZIP  3.4 CITY-ST-ZIP  3.4 CITY-ST-ZIP	NAME M.	<del></del>		<del></del>	ADDITIONS/CHANGES TO OFFICERS AN			
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TITLE DELETE 6.1 TITLE Change Addition  MANE 62 NAME	STREET ADDRESS		1	6.3 STREET ADDRESS				

14. Thereby 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 supplied that it is included 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 recorder 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 in a late timent with an address.

SIGNATURE:

MARSHA MADORSKY - 3.31-

(305)856-0879

**FILED** 

Apr 09 1998 8:00am

Secretary of State

2E034 (10/97)