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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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P9600000584

1997 1. Corporation Name + A ADINIC

FILED May 07 1997 8:00am Secretary of State

Daytime Phone #

ONDER INVENE	<i></i>			
Principal Plaire of Business 5400 S. MNINFASITY DAVIE , FL 333		SIMA		
		,	3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Parte of Business 21	2a. Mailing Address 26		4. FEI Number 65-0633806	Applied For Not Applicable
Sorte Apt #, c;c	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 3	Cily & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ Country 4 25	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032,
9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Reg	lstered Agent
- MANLEY D C CEAR	FIRA	81 Name		
- MANLELO G. FEAR 10108 SW 13	st	82 Street Add	fress (P.O. Box Number is Not Acceptable	e)
10108 SW 13 PEMBROKE PINES	FL 3302	5 83		
, , ,		84 City		FL 85 Zip Code
 Pursual; to the provisions of Sections 607.06 office or registered agent, or both, in the Sta 	502 and 607 1508, Florida Stat	utes, the above-named cor	poration submits this statement for the pi	ironse of changing its registered
	ND DIRECTORS	OTE: Registered Agent signature requ	ored when renstating) ADDITIONS/CHANGES TO OFFICE	
THE PSD	☐ DEŁE1 £	1.1 TITLE		Change Additio
MARCED G. F	ERKEIRA	1.2 NAME		
CREEL ADDRESS 10108 ST 13 57		1.3 STREET ADDRESS		
MARCHO 6. F MELLANCETT TO TO THE TOTAL TO THE PERSON TO TH	5 , PL 03075	1 4 CITY - ST - ZIP		
11.7	LJ DELETE	2 1 TITLE		Change Maddition
AM:		2 2 NAME		
CPHTA(IIII) S		2 3 STREET ADDRESS		
0.4 (LA - 2, 1.5)	DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		Change Addetic
AAM!	Manager are a control for	3.2 NAME		Similar Manie
INFET ALORESS		3.3 STREET ADDRESS		
trist as		3.4. CITY-ST-ZIP		
ft F	☐ DELETE	4.1 TITLE		Change Addition
AME		4. 2 NAME		
TREET ADVIRGOS		4.3 STREET ADDRESS		
HY 81-20	······································	4.4 CITY - ST - ZIP		
11.6	DELETE	5 1 TITLE	60000218	Change Addition
AMI		5 2 NAME	-05/16/970104	
Beet Extgraph Soci		5 3 STREET ADDRESS	***165.00	.c011
0 (- S - Z)F	DELETE	5 4 CITY - ST - ZIP	*** 1 D3, UU	Charter T 2 (20)
II i	L_ DELETE	6 1 TITLE		Change Additio
AMH Mara Carlos		6 2 NAME		CS
Medical Gradie		6 3 STREET ADDRESS		517197
(31) \$1.76] 14. Facility confly that the information supplied in the info	ied with this filing does not our	64 CITY-ST-ZIP	d in Section 119 07(3)/i). Florida Statutos	
information indicated on this annual report or flam an officer or director of the corporation appears in 8lock 12 or Block 13 if changed	r supplemental annual report is or the receiver or trustee empo	true and accurate and that	t my signature shall have the same legal.	effect as if made under nath: 1