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

PROFIT CORPORATION EANNUAL REPORT



FILED

May 19 1997 8:00am

Secretary of State

Sandra B. Mortiam

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600008435 (5)

Principal Place 250 VALENCIA CORAL GABLES	e of Business AYENUE	Mailing Address 250 VALENCIA AVENUE CORAL GABLES FL 33134-5	5906				
			:		3. Date Incorporated or Qualified 01/19/1996	3a. Date of Last R	eport
	ace of Business	2a. Mailing Address			4. FEI Number	ŋ 	oplied For
21	# _10	26					ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	□ \$8.75 / Fee Re	
Olty & State	3	City & State			6. Election Campaign Financing	\$5.00	<u> </u>
23		28			Trust Fund Contribution		to Fees
Ziρ	Country	Zip	Country	1	8. This corporation has liability fo		. 199.032,
24	25		30			Yes 🔀 No	
A but a	e. Name and Address of Curren	Hegistered Agent	81	Name	10. Name and Address of New F	radistaran waarii	
	ER, GEORGE VALENCIA AVENUE						
	VALENCIA AVENDE IAL GABLES FL 33134		82	82 Street Address (P.O. Box Number is Not Acceptable)			
OOn	PE CAUCES I E 00 104		83				
5 .	en e	•	0.4		San	[a=1 7:a	Code
N		1	84	City		FL 85 Zip	700e
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	Registered Ag		poration submits this statement for the tion's board of directors. I hereby acc	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF		
TITLE	D ANTED AFADAE	DELETE	M.1 TITLE		•	L. Change	Addition
NAME	MILLER, GEORGE 250 VALENCIA AVENUE		1.2 NAME	T ADDDCCC			
STREET ADDRESS CITY-ST-ZIP	CORAL GABLES FL 33134		N.4 CITY-	T ADDRESS			
TITLE			2.1 TITLE	31-211		☐ Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS	•		
CITY-S1-ZIP			P. 4 CITY - ST - ZIP				
TITLE	☐ DELETE		B.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS				1 ADDRESS	, *		
CITY-ST-ZIP TITLE		DELETE	B 4. CITY-	51-217		☐ Change	Addition
NAME			#. 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			A 4 City-	ST-ZIP			
TITLE		DELETE	B 1 TITLE			Change	Addition
NAME			5 2 NAME				
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CHY-	ST - ZIP		Change	Addition
NAME		bttc/t	6.2 NAME			onungo	
STREET ADDRESS				T ADDRESS			
CITY+ST-ZIP			6.4 CITY-				
14. do heret	by certify that the information supplied	d with this filing does not qualif	y for the ex-	emption state	d in Section 119.07(3)(i), Florida Statu	ites. I further certify that	the
Informatio I am an of	in indicated on this annual report or s fficer director of the corporation or in 12 tock 13 if changed, or	upplemental annual report is to the receiver or trustee empower on an attachment with an add	rue and acc ered to exe lress.	urate and tha	at my signature shall have the same le ort as required by Chapter 607, Florida	gar effect as it made un i Statutes; and that my i	der oath; that name