## 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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DOCUMENT # P96000010014 (4)

MINDY S. GLAZER, P.A.

Principal Place of Business

Mailing Address

## FILED Apr 30 1997 8:00am Secretary of State



787 NE 125TH STREET NO. MIAMI FL 33161		787 NE 125TH STREET NO. MIAMI FL 33161-5611							
					Date Incorporated or Qualified 01/25/1996	3a. Date of	Last Re	eport	
	ace of Business	2a. Mailing Address	711 (		, FEI Number		-	plied For	
	N.W. 17th AVENUE	26 1401 N.W. 1* Suite, Apt. #, etc.	170 HVER	IUE	65-0642110			t Applicable	
Suite, Apt. 22		27]		5	. Certificate of Status Desired		Fee Re	dditional quired	
City & State 23 MIH I	MI, FLORIDA	····	LORIDA		i. Election Campaign Financing Trust Fund Contribution		Added to		
Zip 24] <b>331 3</b>	Country 25		Country 10			Yes No		199.032,	
	9. Name and Address of Current	Registered Agent	81 Nam		, Name and Address of New Re	-	<u> </u>		
	ZER, MINDY S			[711]	UDY S. GLAZE				
	NE 125TH STREET MIAMI FL 33161		Street Address (P.O. Box Number is Not Acceptable) 1401 N.W. 17th AVENUE						
			84 City	MIAN	ทเ	FL B5	Zip (	3125	
11. Pursuant l	to the provisions of Sections 607.0502 egistered agent, or both, in the State	and 607.1508, Florida Statutes	the above-name	d corporati	on submits this statement for the	purpose of char	iging its	s registered	
agent Ta	rs lawiher with, and accept the obliga	tions of, Section 607.0505, Flori	ida Statutes.	priporations	poard of directors, I hereby acce	bt the appointm	ent es	registereu	
SIGNATURE	Winds S. Sl	MINDY S	S. GLAZ	EP, F	&A. 4	<u>-20-9</u>	<u> </u>		
12.	Signature specific partitions of registered ages  OFFICERS AND		Registered Agent signat	ure required whe	en reinstalling) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIR	CTOR	S IN 12	
lite	D	DELETE	1.1 TITLE	P/D	Application of the control of the		hange	Addition	
NAME	GLAZER, MINDY S		1.2 NAME	ALA	ZER, MINOY S.		,		
STREET ADDRESS	787 NE 125TH STREET		1.3 STREET ADORES	s 1401	N. W. 17th AVENI	IE			
CITY ST ZIP	NO. MIAMI FL 33161		1.4 CITY-ST-ZIP	MIF	ZER, MINOY S. N.W. 17th AVENI AMI, FLORIDA 3	3125			
HILE		☐ DELETE	2 1 TITLE		•		Change	Addition	
NAME			2.2 NAME						
STREET ADDRESS		•	2.3 STREET ADORES	s		1.			
CHY-SI-76		DELETE	2 4 CITY-ST-ZIP			П,	'hanas	Addition	
TITLE		L_] DELETE	3 1 TITLE			(	Change	Addition	
NAME			3 2 NAME						
STREET ADDRESS			3.3 STREET ADDRES	٥					
CHY-ST ZIE THUE		DELETE	3.4. CITY-ST-ZIP		**************************************		hange	Addition	
NAME		<u></u>	4. 2 NAME				J		
STEELT ADDIRESS			4.3 STREET ADDRES	s					
City-St-Zir			4.4 City-ST-ZIP						
Tifef		DELETE	5.1 TITLE				hange	Addition	
HMANI .			5.2 NAME	]					
STEEL ACORESS			5.3 STREET ADDRES	s					
CiTr S*-7₽		······································	5.4 CITY - ST - ZIP						
1016		DELETE	6.1 TITLE			∐ (	Change	Addition	
NAME			6.2 NAME	1					
STREET ADDRESS			6.3 STREET ADDRES	s					
CITY - S1 - ZIP			6 4 CITY - ST - ZIP					<del></del>	

4. 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 frustee 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 an attachment with an address.

SIGNATURE: Mundly A. Slasa MINDY S. GLAZER 4-20-97 (305)325-0040