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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 23 1997 8:00am

Secretary of State

0190616

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000015544 (5)

LARGO 100 ASSOCIATES, INC.

Principal Place 1111 LINCOLN SUITE 511 MIAMI BEACH #	ROAD	Mailing Address 1111 LINCOLN ROAD SUITE 511 MIAMI BEACH FL 33139-243	IT LINCOLN ROAD		
					3. Date Incorporated or Qualified 3a. Date of Last Report 02/16/1996
·	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21 Code Art Made		26	Suite, Apt. #, etc.		65-0650)87 Not Applicable
Surte, Apt. #, etc.		<u>⊢</u> ¬	Suite Apr. #, etc.		5, Certificate of Status Desired See Required
City & State			City & State		
23		 	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip			Country		8. This corporation has liability for intangible tax ander s. 199.032,
24	25	29	30		Florida Statutes Yes No
	g, Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered Agent
Wiener, Haim			81	Name	ime
	LINCOLN ROAD		82	Stree	reet Address (P.O. Box Number is Not Acceptable)
	E 511		83		
MIAN	AII BEACH FL 33139		63		
			84	City	ty FL 85 Zip Code
office or re agent. Lar SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the Stam familiar with, and accept the oblination, typed or protect came of registered a	te of Florida. Such change was au gations of, Section 607.0505, Flor	ithorized by ida Statuter	the co	med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered mature required when reinstating) DATE
12.		NO DIRECTORS	13.	ni, ognas	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TOLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WIENER, HAIM		1.2 NAME		
STREET ADDRESS	1111 LINCOLN ROAD MALL,	SUITE 511	1.3 STREET	ADDRESS	ESS
CITY - ST - ZIP	MIAMI BEACH FL 33139		1.4 CITY - S	T- ZIP	
THLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		·
STREET ADDRESS			23 STREET	ADDRESS	IESS)
€ITY-ST-ZIP		T pri ere	2.4 CiTY-	SY-ZIP	
TITLE		☐ DELETE	3.1 TITLE		Change C Addition
NAME			3.2,NAME		
STREET ADDRESS			3 3 STREET		
CITY - S1 - ZIP 117: F		DELETE	3.4. CITY - ! 4.1 TITLE	ST-21P	Change Addition
NAME			4.2 NAME		
STREET ADDRESS			43 STREET	ADDRESS	IESS
CITY-ST-ZIF			4.4 City-S	T-ZIP	
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	IESS
CITY - ST - ZIP			5.4 CITY-S	1-ZIP	
THILF	DELETE 6.1		6.1 TITLE	1	Change Addition
NAME			6.2 NAME		
STREET ADDRESS	(c		63 STREET	ADDAESS	IESS
CITY-ST-ZIP			6.4 CITY - S	T-ZIP	- 110 Carlos 110 CZ/QVIII CITATA CARLOS 11 CITATA CARLOS
14. I do hereb informatio I am an of appears in	by certify that the information suppli it indicated on this annual report of fficer or director of the appolation in Block 12 or Block 13 inchanged	ied with this hind does not qualify or the receiver or flustee empowe or kin an attactment with an addr	rior the exe le and acci lred to exec less.	imption irate ar oute this	ion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the and that my signature shall have the same legal effect as if made under oath; that this report as required by Chapter 607, Florida Statutes; and that my name