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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # P96000021289 (9)

## FILED May 09 1997 8:00am Secretary of State

J.A.A.I.  Principal Place  9733 ARBOR C BOCA RATON	CORP. e of Business DAK LAME STE 201	Mailing Addres 9733 ARBOR O BOCA RATON F	AK LANE STE							
						3. Date Incor	porated or Qualified	3a. Da	te of Last F	Report
	lace of Business	2s. Mailing Add	dress					989	F	pplied For
Suite, Apt	#, etc	Suite, Apt.	#, etc.		·		of Status Desired		\$8.75	ot Applicable Additional
22		27 City & State	<del> </del>	· · · · · · · · · · · · · · · · · · ·						equired
City & State	e	28	3			4	ampaign Financing Contribution			May Be to Fees
Zip	Country	Zip	L	Country	,		ration has liability (p	r injangible	tax under	
24]	25	29	3	0		Florida Sta		Yes		
<ol> <li>Name and Address of Current Register</li> <li>YAKER, REBECA F ESQ.</li> </ol>				81	Name	10. Name and	Address of New A	egieraran y	-gent	······································
140	1 BRICKELL AVENUE STE ( MI FL 33131	300	,			et Address (P.O. Box Number is Not Acceptable)				
				83 84	<u> </u>				100 700	Code
				07	City			FL	85 Z <sub>1</sub> p	Code
11. Pursuant office or r	to the provisions of Sections 60 egistered agent, or both, in the	07.0502 and 607.1508, Flo State of Florida, Such cha	rida Statutes inge was aut	, the above thorized by	e-named corp y the corporal	poration submits to	nis statement for the actors. I hereby acc	purpose of ept the app	changing cintment as	its registered registered
SIGNATURE	to the provisions of Sections 60 egistered agent, or both, in the rn familiar with, and accept the Signature, typed or printed name of register.	ered agent and title if applicable.		Registered Age		fed when reinstating)		purpose of ept the app		
SIGNATURE	Signature, typed or printed name of registrong OFFICEF	eved agent and title if applicable.	(NOTE: F	Registered Age		fed when reinstating)	nis statement for the actors. I hereby according to the control of	purpose of ept the app		PS IN 12
SIGNATURE	Signature, typed or printed name of registe	eved agent and title if applicable. RS AND DIRECTORS		Registered Age		fed when reinstating)		purpose of ept the app	DIRECTO	
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registronic DE BENZAQUEN, IVONN 9733 ARBOR OAK LANE	eved agent and title if applicable RS AND DIRECTORS	(NOTE: F	13,	ant signalure requi	fed when reinstating)		purpose of ept the app	DIRECTO	RS IN 12
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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 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 an attachment with an address.

SIGNATURE

SALE FARE AND SPEED OF PHINTED HAVE OF HONING OFFICER OF DIRECTO

4/29/94

STATE PROFIE