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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000021460 (6)

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

CITY-ST-ZIP

TITLE

TITLE

NAME

		MENT # P9600(ORPORATION	002	1460 (6)						
P	rincipal Plac	e of Business	M	ailing Address			I IDDAIDDA IAO (DIA AIRII ADAIR DESIE DE	10) 45 01 0 11 09 1 141	TIL BAREN MINIT MAIT IEN!	
8	520 BRICKELL KEY DRIVE SLITE 0-305 MIAMI FL 33131			520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131-2607						
	f, 						 Date Incorporated or Qualified 03/08/1996 	3a. Date	of Last Report	
2	. Principal P	lace of Business	2a.	Mailing Address			4. FEI Number		Applied For	
21	1		26				65-0649912 Not Applicable			
	Suite, Apt.	#, etc.		Surto, Apt. #, etc.					\$8.75 Additional	
22] (27				5. Certificate of Status Desired	L_J	Fee Required	
	City & State	9		City & State			6. Election Campaign Financing		\$5.00 May Be	
23			28				Trust Fund Contribution		Added to Fees	
	Zip	Country		Z ip	Country		8. This corporation has liability fo	r intangible ta	x under s. 199.032,	
24	112	25	29	3	0		Florida Statutes	Yes 🗌	No	
	Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
		TE 0-305 MI FL 33131			83 84	City		FL	85 Zip Code	
1	1. Pursuant	to the provisions of Sections 607.050		07 1508 Elecida Statutes					l	
1	office or r agent. I a IGNATURE	egistered agent, or both, in the Stato m familiar with, and accept the oblig Stgnature, typed or printed name of registered ag					corporation submits this statement for the oration's board of directors. I hereby acci	purpose of copt the appoint	changing its registered	
1	IGNATURE	Signature, typed or printed name of registered ag	end and title	il applicable (NOTE F		nt signature n	regulates when referenting) ADDITIONS/CHANGES TO OFF	DATE		
S	IGNATURE	Signature, typed or printed name of registered ag OFFICERS AN	end and title	il applicable (NOTE F	Registered Age	nt signature n	required when reinstating)	DATE CERS AND [
S 1	IGNATURE	Signature, typed or printed name of registered ag OFFICERS AN D DUNAEVSKY, DOV	ent and title	il applicable (NGH, F CTORS DELETE	Hegistered Age	nt signature f	required when reinstating) ADDITIONS/CHANGES TO OFF President	DATE CERS AND [DIRECTORS IN 12	
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14. 1 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 chapted in an attachment with an address.

4.3 STREET ADORESS

5.3 STREET ADDRESS

5.4 CITY- ST-ZIP

4.4 C(1Y - \$1 - Z)F

4.1 TOLE

5.1 TITLE

5.2 NAMI

6.1 TITLE

G.2 NAME

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Apr 25 1997 8:00am

Secretary of State