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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

OCCUMENT # POSO

7425 S.W. 109TH TERRACE	7425 S.W. 109TH TERRAC
Principal Place of Business	Mailing Address

FILED May 12 1997 8:00am Secretary of State

	TH TERRACE		X	3. Date Incorporated or Qualified 03/11/1996 4. FE! Number					
ł							3a. Date	of Last R	leport
2. Principal P	lace of Business	2a. Mailing Address 26				4. FEI Number		├+ `	oplied For of Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			
City & Stat 23	e .	City & State							
Zip 24	Country 25	Zip 29	30 Cou	ntry					. 199,032,
	Name and Address of Currel RKE, AUGUSTUS	nt Registered Agent		81 Name)	10. Name and Address of New Re	gistered Ago	∍nt	
UNI Miai	T B13, 16155 S.W. 117TH AVE. MI FL 33177	12 and 607 (508 Davida Statu	line the at	83 84 City			FL		Code
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was ations of, Section 607.0505, F	authorized lorida Stat	d by the corutes.	rporation	i's board of directors. I hereby acce	pt the appoin	tment as	registered
<u> </u>	Signature, typed or printed name of registered ag			Agent signature	re required			10F0+0F	20.11.72
12. Tetle	D OFFICERS AN	ID DIRECTORS DELETE	1.1 TII	 LF	Τ	ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	CLARKE, AUGUSTUS 7425 S.W. 109TH TERRACE		12 N4						
STREET ADDRESS City-St-Zip	MIAMI FL 33158		1	REF1 ADDRESS 14+\$1-71P	}				
TITLE		DILETE	2.1 111		1			Change	Addition
NAME			2.2 NA	ME					Į
STREET ADDRESS			2.3 \$1	REET ADDRESS					
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TITLE NAME		[] Diceie	3.1 1/1 3.2 NA		}		L_I	Change	☐ Addition
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NAME			4. 2 N	\ME	1				ĺ
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NAME			5.2 NA						
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CITY-ST-ZIP		DELETE		Y-ST-ZIP	ļ			Channa	A delta c
TITLE		[Ditte	6110				ــا	Change	☐ Addition
NAME PTOTET ADDOCCE		•	6.2 NA		1				
STREET ADDRESS		1	1	REET ADDRESS	}				
CITY-ST-ZIP 14. I do heret	by certify that the information supplie	d with this filing does not qual		IY-S1-ZIP exemption s	.l stated in	Section 119.07(3)(i), Florida Statute	s. I further co	ertify that	the

supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that is the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name of an atlachment with an address.