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

DOCUMENT # P96000030817 (6)

UNDERWORLD, INC.

				•					
Principal Place	e of Business	Mailing Address				I HADIITOI ILO LÄIKE OLYN ADIIN OONI	OUNI CRAVI NA	ii godar talah tibi	
5600 COLLINS AVE., #4C MIAMI BEACH FL 33140 2. Principal Place of Business		5600 COLLINS AVE. #4C MIAMI BEACH FL 33140-2403							
			·			3. Date Incorporated or Qualifi 04/09/1996	ad 3a , [Date of Last F	Report
2. Principal P	iace of Business	2a. Mailing Address				4, FEI Number		Ar	oplied For
21		26				<i>65-0659353</i>			ot Applicable
Suite, Apt #, etc 22 City & State 23		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees			
		City & State							
Zip 24	Country 25	Zip 29	Count 30	ry		8. This corporation has liability Florida Statutes		e tax under s	. 199.032,
	g. Name and Address of Curren	it Registered Agent			, , , , , ,	10. Name and Address of New	Registered	Agent	
COF	IEN, RICARDO		8	1 Name	•				
5600 COLLINS AVE., #4C MIAMI BEACH FL 33140			6	2 Street	Address	s (P.O. Box Number is Not Acce	ptable)		
			8	3					
				4 City				es Zin	Code
							F		
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change w	as authorized	by the cor	d corpora rporation	ation submits this statement for t i's board of directors. I hereby a	ne purpose ocept the ap	of changing in pointment as	ts registered registered
SIGNATURE									
	Signature, typed or printed name of registered age OFFICERS ANI		(NOTE Registered /	gent signatur	re required v	······································	DATE	D DIDCOTO	C IV 40
12. TITLE	D OFFICERS AND	D DELETE	13.	1.3 TITLE		ADDITIONS/CHANGES TO O	PRICERS AN	Change	Addition
NAME	COHEN, RICARDO	- Detect	1.2 NAM					orazingo	reduces
STREET ADORESS	5600 COLLINS AVE., #4C			1.3 STREET ADDRESS				•	
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 CI						
TITLE	0,	DELETE	2.1 TITU		1	Pred 300		Change	Addition
NAME	MISHALI, JACQUELINE		2.2 NAM	E		Pred		•	
STREET ADDRESS	5600 COLLINS AVE., #4C		2.3 STRE	ET ADDRESS	-				
City-ST-ZIP	MIAMI BEACH FL 33140	•	2.4 CIT	2.4 CITY-ST-ZIP			Ŧ 		
TITLE		☐ DELETE	3.1 TITU					Change	Addition
NAME			3.2 NAM	E				. * *	
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CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ DELETE		4.1 TITLE				Change	Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET ADDRESS					
CITY-ST-ZIP		DELETE		-ST-ZIP				Change	Addition
TITLE		☐ OCIEIE	5.1 TITU					CT change	MOUIDON
NAME CARCEL ADORGE			5.2 NAM						
STREET ADDRESS			5.3 STR	ET ADDRESS	1				
				AT 1:-					
CITY-ST-ZIP TITLE		DELETE		- ST - ZIP				Change	Addition
TOTLE		L DELETE	6.1 TITU					☐ Change	Addition
		[] DELETE	6.1 TITU 6.2 NAM					Change	Addition

SIGNATURE:

Resident

14. 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 fustee 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.

FILED

Apr 07 1997 8:00am

Secretary of State