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 # P96000031371 (3)

SPIRALS, INC.

Principal Piace 8306 MILLS DE MIAMI FL 3318	RIVE. SUITE 218	Mailing Address 8306 MILLS DRIVE, SL MIAMI FL 33183-4838	8306 MILLS DRIVE. SUITE 218						
						3, Date Incorporated or Qualified 04/10/1996	3a. Da	te of Last F	Report
2. Principal P	hace of Business	2a. Mailing Address 26				4. FEI Number 65 - 8673419	Applied For Not Applicable		
Suite, Apt	#, etc.	Suite, Apt. #, etc.				Certificate of Status Desired \$8.75 Additional Fee Required			
City & State 23	0	City & State	28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country Ζτρ 25 29		Country 30			8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes ☐ Yes ☐ No			
	g. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Re	gistered /	(gent	
AME	ERILAWYER CHARTERED			81	Name				
343 ALMERIA AVENUE CORAL GABLES FL 33134					Street Ac	ddress (P.O. Box Number is Not Acceptable)			
				83					
			}	84	City		FL	85 Zip	Code
COMMETCIDE	egistered agent, or both, in the State in familiar with, and accept the oblig Signate in our procedurance or organics age					orporation submits this statement for the pration's board of directors. I hereby acceptions when reinstating)	pt the appo	ointment as	registered
12,		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	CERS AND	DIRECTOR	RS IN 12
TITLE	PSD	☐ DELETE	1.1 117	LE	T	Pail		Change	Addition
1MAN	LEWIS, GARETH R		1.2 NA	ME	- 14	Ster Bolland,	216	,	
STREET LADORESS	8306 MILLS DRIVE, SUITE 216	В	1.3 ST	REET AC	ODRESS	8306 mills De. Ste	. 218	,	
Offy-51-20	MIAMI FL 33183		1.4 017	Y - S1 - 3	ZIP	Minui A. 3318	3]
fitti F	VTD	☐ DELETE	2.1 TIT	LE				Change	Addition
NAME	Lewis, Basil L.P.		22 NA	ME					ļ
STREET ADDRESS	8306 MILLS DRIVE, SUITE 218	8	23 ST	REET AD	DDRESS	·			j
CFFY - S1 - 26°	MIAMI FL 33183		2.4 CI	TY-ST-	ZIP				
TITLE		DELETE	3.1 TIT	LE		31011		Change	Addition
NAME .			3.2 NA	ME	1				ļ
STREET ADDRESS			3 3 ST	HEET AD	DDRESS]
City S -ZiP			3.4. CI	TY-ST-	ZIP				j
Title		☐ DELETE	4.1 TIT	LE	T			Change	Addition
NAME			4. 2 N/	ME					
STREET ADDRESS			43 ST	REET AD	ODRESS				j
CITY-SI-7#			4.4 CM	Y - \$1 -	ZIP				
lilti		☐ DELETE	5.1 TIT	LE	Ī			Change	☐ Addition
NAME			5.2 NA	ME	-				
STREET ADDRESS			5.3 STI	REET AD	ODRESS				
C/TY - ST - ZIP			5.4 CI)	Y-5T-	ZIP				
TITLE		DELETE	6.1 1/1	LE	Π			☐ Change	Addition
NAME			62 NA	ME					
S.D. L. ACRORESS			6357	REFT AC	ODRESS		•		

6.4 CITY - ST - ZIP

SIGNATURE:

14. I do hereby certily 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 and cated 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.

FILED

May 13 1997 8:00am

Secretary of State