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 # P9600036188 (6)

FILED Jun 09 1997 8:00am Secretary of State

	Country 25 ne and Address of Current	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip		3. Date Incorporated or Qualified 04/25/1996 4. FEI Number 65 - 066 0 85	3a. Date of Last Report Applied For Not Applicable
Suite, Apt. #, etc. 22 City & State 23 Zip 24 9, Nam	Country 25	26 Suite, Apt. #, etc. 27 City & State 28			Applied For Not Applicable
Suite, Apt. #, etc. 22 City & State 23 Zip 24 9, Nam	25	City & State			
City & State 23 Zip 24 9, Nam	25	28		5, Certificate of Status Desired	\$8.75 Additional Fee Regulred
Zip 24 9, Nan	25	Zip		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	ne and Address of Current	29	Country 30	To the orange of the contract	Øves □ No
			81 Name 82 Street Add 83	10. Name and Address of New Med DAVID STOCKER G dress (P.O. Box Number is Not Acceptable	ilstered Agent 요
	delicas et sa Lega si vocas	and CO7 1500. Florido Sta	84 City	Mami	FL 85 Zip Code 33/37
office or restant to the plow office or restant de agent. I se agrical signature		1) (10	rporation submits this statement for the pr ation's board of directors. I hereby accep	30/97
12.	OFFICERS AND		IOTE: Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICE	FRS AND DIRECTORS IN 12
TITLE	STOCKERG STE	Detete	11 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	STOLBERG, I 155 NE 48 MIONI PL	DELETE DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		Change Addilion
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICE, DUNGO 216 E. YSM NY NY 100	AS DELETE	2.4 CITY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP	10 / /	DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	^ -	DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		Change Ad

4. I do hereby certify that the information supplied with his 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 art hual report a rupple benefit annual report is true and accurate and that my signature shall have the same legal effect as it made under or I am an officer or director of this corporates between John John Statutes; and that my name appears in Block 12 or Block 3 if hangard or only in an address.

CFA

4/2/97

305-56-54