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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthem

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000041153 (3)

FILED May 12 1997 8:00am Secretary of State

		Mailing Address 300 SW SEVENTH A FT LAUDERDALE FL		·······,					
						3. Date Incorporated or Qualified	3a. Da	ite of Last	Report
					· · · · · · · · · · · · · · · · · · ·	05/08/1996		····	
			lailing Address			4. FEI Number			
Suite, Apt	# ele	26 Suite, Apt. #, et	<u> </u>						lot Applicable Additional
22		27	•			5. Certificate of Status Desired		4	Required
City & Stat	te	City & State			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	6. Election Campaign Financing Trust Fund Contribution			May Be
Zφ	Country	Zip	Cor	intry	,	8. This corporation has liability for int	angible		
24	25	29	30			Florida Statutes	Yes [□ No	
	9. Name and Address of (Current Registered Agent			· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Regi	stered /	Agent	
	SCAL, ROBERT			81	Name				
300 SW SEVENTH AVE					Street Addre	ss (P.O. Box Number is Not Acceptable)			
FT	LAUDERDALE FL 33312			83				····	
•				63					
				84	City		FL	85 Zip	Code
44 15 25 200	to the are interest Contains Of	07 0500 and 607 1500 Florida	Ctat. tan the o	D	a named seen	aration submits this atstament for the nu	<u> </u>	obonaina	ito registered
agerit Ta SiGNATURE	am familiar with, and accept the					oration submits this statement for the pul on's board of directors. I hereby accept ad when reinstating)	DATE	ornment a	s registered
12.		RS AND DIRECTORS	(NOTE: Hegisters	o Age	ent eignatura require	ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12
	D	DELE1		TLE	<u> </u>	7,007,000,000,000		Change	☐ Addition
NAME	JESTYREV, PETER		1.2 A	AME	Ì				
STREET ADDRESS	300 SW SEVENTH AVE		1.3 S	TREET	ADDRESS	•			
CHTY-ST-ZIP	FT LAUDERDALE FL 333	112	1.4 0	ITY - S	ST-ZIP				
HILE		☐ DELE	TE 2.1 T	TLE				Change	Addition
NAME			2.2 M	AME					
STREET ADDRESS			238	TREET	ADDRESS				
CITY - S1 - ZIP		·····			ST-ZIP		4 ×	1-1-2	
M.E		[] DELE	1					L Change	☐ Addition
NAME			3.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIF		Flores			ST-ZIP			Change	Addition
11"(f		☐ DELE			}			Change	F- ADDITION
NAME BROWN LABORESS				IAME TOTAT	T ADDRESS				
STREET ADDRESS		İ			ADDRESS				
CHY-ST-ZIP TITLE		DELE			ST-ZIP			Change	Addition
NAME			5.2 N					- Jimiyo	
			1		ADDRESS				
STREET ADORESS									
CHY-SI-7IP TITLE		DELE			ST-ZIP			Change	Addition
NAMé		- J	6.2 N						
STREET ADDRESS					ADDRESS				
	1				ST-ZIP				
CHTY - ST - 712	1		■ C 4 /						

4. 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTEUNAME OF SIGNING OFFICER OR DIRECTOR

03/27/97 1(954) 628 40 90
Dayline Phone # 027 1773