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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLÖRIDA DEPARTMENT OF STATE

Sandra B. Mortham 🔞

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000041953 (6)

VALUE SEARCH, IC.

| Principal | Place | OI RI | ISINOSS |
|-----------|-------|-------|---------|

## **FILED** Apr 28 1997 8:00am Secretary of State



| Principal Place of Business 770 NW 207 STREET MIAMI FL 33169-2319   | Mailing Address<br>770 NW 207 STREET<br>MIAMI FL 33169-2319  |   | 1 1881 188  119 191 19 QIIIT BOILT DOIN BOIN BOIN BINN NOIF 18(6) DINGS 151 (SDI |   |                                    |  |  |
|---|--|---|--|---|------------------------------------|--|--|
|   |  |   |  | 3. Date Incorporated or Qualified 05/16/1996  | 3a. Date of L                      | ast Report                                   |  |
| 2. Principal Place of Business  | 28. Mailing Address  |   |  | 4. FEI Number   | <u></u>                            | Applied For                                  |  |
| 21  | 26   |   |  | 592241921   |                                    | Not Applicable                               |  |
| Sulte, Apt. #, etc.   | Suite, Apt. #, etc.  |   |  | 5. Certificate of Status Desired  |                                    | .75 Additional<br>ee Required                |  |
| City & State  | City & State   | City & State                                  |  | 6. Election Campaign Financing Trust Fund Contribution  |                                    | \$5.00 May Be<br>Added to Fees               |  |
| Zip Country   | Zip  | Country                                       | /  | 8. This corporation has liability for it  | ntangible tax un                   |  |  |
| 24]   25  | [29]   | 30  |  | Florida Statutes Yes No   |                                    |  |  |
| 9, Name and Address of Current  | r Hegistered Agent   | 81  | Name   | 10. Name and Address of New Reg   | Jistered Agent                     |  |  |
| GROOSE, DEXTER R  |  | 61  | INATIL   |   |                                    |  |  |
| 770 NW 207 STREET<br>MIAMI FL 33169-2319  |  | 82  |  | Street Address (P.O. Box Number is Not Acceptable)  |                                    |  |  |
| MINMI I E GO IGO EG IO  |  | 83  | <del> </del>   |   |                                    |  |  |
| •   |  | 84  | City   |   | 85                                 | Zip Code                                     |  |
|   |  |   |  |   | FL                                 | •  |  |
| 11. Pursuant to the provisions of Sections 607.0507 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligations of the section | 2 and 607,1508, Florida Statut<br>of Florida. Such change was a<br>itions of, Section 607,0505, Flo                                | es, the abov<br>authorized b<br>orida Statule | e-named corp<br>y the corpora<br>s.  | poration submits this statement for the patient's board of directors. I hereby acceptions   | urpose of chang<br>t the appointme | ging its registered<br>ent as registered     |  |
| SIGNATURE Signalure, typed or printed name of registered aper   |  | t - Flegistered Ag                            | cut signature requ   | ered when reinstaling)  | DATE                               |  |  |
| 12. OFFICERS AND  |  | 13.   |  | ADDITIONS/CHANGES TO OFFIC  |                                    |  |  |
| THE Chief Executive   |  | 1.1 TITLE                                     |  | •   | ∐ Ch                               | ange L Addition                              |  |
| NAME Dorothy Grood STREET ADDRESS 770 W.W. 207  | E (c   | 1.2 NAME                                      |  |   |                                    |  |  |
| STREET ADDRESS 770 W.W. 207   | 3/69-23/9  |   | ADDRESS  |   |                                    |  |  |
|   | 3707 - 2377<br>□ DELETE  | 1.4 CHY- 5<br>2.1 THLE                        | 51 - ZIP   |   | Cn                                 | ange Addition                                |  |
|   |  | 2.2 NAM(                                      |  |   | L.J. V.,                           | onge >laoition                               |  |
| NAME STREET ADDRESS TO N.W. 20:   | 7 14 S+  | 1   | I ADDRESS  |   |                                    |  |  |
| CITY-ST-ZIP Miami, FL 3   | 3/60-23/9  | 2 4 CHY-                                      | f  |   |                                    |  |  |
| TITLE   | DELETE   | 31 11111                                      |  |   | Ch                                 | ange Addition                                |  |
| NAME  |  | 3.2 NAME                                      |  |   |                                    |  |  |
| STREET ADDRESS  |  | 3.3 STREET                                    | ADDRESS  |   |                                    |  |  |
| CITY-ST-ZIP   |  | 34 CITY-                                      | \$1-7(P  |   |                                    |  |  |
| TITLE   | [_] DELETE   | 4.1 TITLE                                     |  |   | ☐ Ch                               | ange Addition                                |  |
| NAME  |  | 4. 2 NAME                                     |  |   |                                    |  |  |
| STREET ADDRESS  |  | 4.3 STREET                                    |  |   |                                    |  |  |
| CITY-ST-ZIP   | DELETE   | 4.4 City - 5                                  | ST - 71P   |   | Ch                                 | ange Addition                                |  |
| TITLE   | L) DECEIE  | 5.1 1ITUF                                     |  |   | UI                                 | ange Addition                                |  |
| NAME  |  | 5.2 NAME                                      | . Athaba an  |   |                                    |  |  |
| STREET ADDRESS  |  |   | ADDRESS  |   |                                    |  |  |
| CITY-ST-ZIP TITLE   | DELETE   | 54 C(TY-5                                     | 51 - ZP*   |   | Ch                                 | ange Addition                                |  |
| NAME  | hand Process   | 6.2 NAME                                      |  |   | v                                  | p+ Land 1 locality                           |  |
| STREET ADDRESS  |  | 6.3 STREET                                    | ADDRESS  |   |                                    |  |  |
| CITY-ST-ZIP   |  | 6.4 Offy - 5                                  |  |   |                                    |  |  |
| 14. I do hereby certify that the information supplied<br>information indicated on this annual report or st<br>I am an officer or director of the corp ration or<br>appears in Block 12 or Block 11 if planged, by   | with this filing does not quali<br>uppremental annual report is t<br>the receiver or trustee empow<br>on an attaching it within an | fy for the exe                                | mution state   | d in Section 119.07(3)(i), Florida Statutos<br>It my signature shall have the same legal<br>In as required by Chapter 607, Florida St | l effect as if mad                 | y that the<br>de under oath; tha<br>Emy name |  |
| $V \cap \mathcal{A}$  |  | ~/ .  |  | / /.  | (.                                 | 2  |  |