## 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 # P96000042535 (0)

7010 BISCAYNE BLVD., INC.

Mailing Address Principal Place of Business 4060 INVERRARY DR. 4080 INVERRARY DR. LAUDERHILL FL 33319-4516 LAUDERHILL FL 33319 3. Date Incorporated or Qualified 3a. Date of Last Report 01/30/1996 2. Principal Frace of Business 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable 21 Suite Apt. #. etc. Suite Apt # etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation has fiability for intangible tax under s. 199.032, Yes 🔲 No 24 29 30 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CAIDIN, STANLEY 4060 INVERRARY DR. Street Address (P.O. Box Number is Not Acceptable) 82 LAUDERHILL FL 33319 **B3** Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE nt and time if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) Addition THE DELETE 1.1 TITLE Change CAIDIN, STANLEY 12 NAME NAME 4060 INVERRARY DR. 1.3 STREET ADDRESS STREET ADDRESS LAUDERHILL FL 33319 C-TY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE CAIDIN, HELEN 22 NAME NAME 4060 INVERRARY DR. STREET ADDRESS 2.3 STREET ADDRESS LAUDERHILL FL 33319 2 4 CITY-ST-ZIP O1Y-S1-7/P DELETE Addition Change 3 1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHY-ST- 2IP DELETE Addition TITLE 41 TITLE 4.2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-51-7IP 4.4 CITY - ST- ZIP DELETE TITLE 51 TITLE Addition NAM 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-Z0 DELETE Channe Addition 6.1 TITLE 500002159775 -04/30/97--01015--028 NAV: 6.3 STREET ADORESS STREET ADDRESS

14. I do hereby carriety 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 of rector of the corporation of 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 chapted, or on an attachment with an address.

SIGNATURE:

6.4 CiTY-ST-ZIP

\*\*\*165.00

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FILED

Apr 28 1997 8:00am

Secretary of State