→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 # P96000044064 (9)

KOPELOWITZ, SAAVEDRA & PELOSI, P.A.

Principal Place of Business

Mailing Address

312 S.E. 17TH ST. CSWY. FT. LAUDERDALE FL 33316 312 S.E. 17TH ST. CSWY.

FILED May 01 1997 8:00am Secretary of State



FT. LAUDERDALE FL 33316		FT. LAUDERDALE FL 33316-2524				
					3. Date Incorporated or Qualified 05/17/1996	3a. Date of Last Report
2. Principal P	lace of Business	2a, Mailing Address			4. Fil Number	Applied For
21		26			<i></i>	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #. etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	8	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Ζφ	Cour	ntry	8. This corporation has liability for	
24	25	29	30			Yes No
	9. Name and Address of Current	t Registered Agent		81 Name	10. Name and Address of New Re	gistered Agent
	ELOWITZ, HARVEY		ļ	81 Name		
	S.E. 17TH ST. CSWY.		j	82 Street	Address (P.O. Box Number is Not Acceptable	ile)
FT.	LAUDERDALE FL 33316		ŀ	83		
				53		
			Ī	84 City	3 () () () () () () () () () (FL 85 Zip Code
11 Purpugat	to the provisions of Sections 607.0600	2 and 607 1508 Florida Statut	los tho at	1	corporation submits this statement for the p	
agent. I a	m familiar with, and accept the obligations are street agent.	ations of, Section 607.0505, FI	lorida State	utes.	poration's board of directors. Thereby accessors	DATE
12.	OFFICERS AND		13.	ragent aig tato	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DELETE	1.110	LE		Change Addition
NAME	KOPELOWITZ, HARVEY		1.2 NA	ME		
STREET ADDRESS	312 S.E. 17TH ST. CSWY.		1.3 S1	REFT ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33316		1,4 CH	Y-S1-7IP		
TITLE	D	☐ DEFELE	2.1 1/1	l f		Change Addition
NAME	SAAVEDRA, DAMASO		2.2 NA			
STREET ADDRESS	312 S.E. 17TH ST. CSWY.		2.3 \$1	REFT ADDRESS	·	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	DELETE		TY-ST-ZIP		Change T Addition
TITLE NAME		L) orteic	3.1 1/1 3.2 NA		ļ	Change L Addition
STREET ADDRESS				ime. Ree1 address		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		DELFTE	4.1 113			Change Addition
NAME			4. 2 N/	\ME		,
STREET ADDRESS			4.3 ST	REET ADDRESS	1	4
CITY-ST-ZIP			4.4 CII	IY-ST-7IP		
TITLE		☐ DELETE	5 1 1 11	LF		Change Addition
NAME			5.2 NA	ME		2/12/1/21
STREET ADDRESS			5351	REET ADDRESS		7/1/3/1/4/
CITY-ST-ZIP		T1		Y-ST-ZIP	1	_// _/ / / /
TITLE		☐ DECETE	6.1 111		40000216 -05/05/970100	·少当与中 ^{Kange / LJ} Add tion
NAME			6.2 NA		-05/05/970100)8053
STREET ADDRESS				REET ADDRESS	***165.00	
CITY-ST-ZIP			6.4 CI	IY-S1-7iP		

14. I do hereby certify that the information supplied with this filling 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 tegal effect as if made under eath; 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 of changed, or on an attachment with an address.

010111

NU12=197