WELL POON: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

¹1997



appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 07 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000044580 (4)**

Principal Place 1633 JEFFERSA MIAMI BEACH	DLA WAY INVESTORS, INC. e of Business ON AVENUE	Mailing Address POST OFFICE BOX 190651 MIAMI BEACH FL 33119-065			
					3. Date incorporated or Qualified 3a. Date of Last Report 05/24/1996
2. Principal P	lace of Business	2a. Mailing Address		****	4. FEI Number . Applied For
21		26			65-0665055 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22 City & State		City & State			Fee Required
23 City & State		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Z ip	Country	Zip	Country	······································	This corporation has liability for intangible tax under s. 199.032,
24	25	29	10		Florida Statutes Yes No
	9. Name and Address of Current	Registered Agent		`	10. Name and Address of New Registered Agent
	LOCK, MADISON K		81	Name	
1633 JEFFERSON AVENUE B2 Street Add				Street Addre	ress (P.O. Box Number is Not Acceptable)
MIA	MI BEACH FL 33119"		-	·	Alaman
			83		
			84	City	FL 85 Zip Code 3 3 3 \ 3 9
11 Durennet	to the recognizers of Continue 507 0502	and ED7 1509 Elevida Statutor	the above	named corn	FL 333139
office or n	egistered agent, or both, in the State of	f Florida. Such change was au	thorized by	the corporati	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
	m tamiliar with, and accept the obligati	<i>v</i> ,			
SIGNATURE	Signature type five preded name of registered agent	and till if applicable. (NOTE		CARUS Laignature require	red when reinstaling) DATE
12.	OFFICERS AND	······	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Trine		DELETE	1.1 TITLE		RESIDENT Change RAdditio
NAME			1.2 NAME	M	IADISON KARLOCK.
STREET ADDRESS			1.3 STREET A		633 Jefferson Ave.
City St-7/2		Delete	14 CITY-ST	ZIP /	miami Beach FL 33139
TITLE		[] DELETE	2 1 TITLE	TO:	CE PRESIDENT Change WAddition
NAM:			2.2 NAME	l	SHTON HAWKINS of Meridian Ave. 2D
STREET ADDRESS			2.3 STREET A	٨٨ ا	112mi Beach FL 33139
CHY-SI-ZO'		DELETE	2. 4 CITY-ST 3.1 TITLE		ECRETARY Change Addilio
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET A	DORESS 3	ABLO ALFARD 125 Meridian Ave.
CHY-ST-ZIP			3 4. CITY - ST		niomi Booch FL 33139
HILE		DELETE	4.1 TITLE		OBERT BALZEBRE Change Addition
NAME			4.2 NAME	i	TREASURER
STREET ADDRESS			4.3 STREET A	1	33 Jefferson Ave.
CITY - ST - ZIP		C Briere	4.4 CHTY-ST	ZIP N	Mizmi Bezch FL 33139
TITLE		DELETE	5.1 TITLE		Change Additio
NAME Execut appear on			5.2 NAME	ppperce	
STREET ADDRESS			5.3 STREET A		
CRY-ST-ZIF TITLE		☐ DELETE	5.4 CITY-ST	zir	Change Additio
NAME			62 NAME		
STREET ADDRESS			6.3 STREET A	DORESS /	O LO PUI - ON AN
CHTY-ST-7IP			6.4 CITY-ST	$ \omega $	20mk De of 165, - VA
14. I do heret	by certify that the information supplied	with this filing does not qualify	for the exer	notion stated	d in Section 119.07(3)(i), Florida Statutes. I further certify that the
informatio Lam an o	in indicated on this annual report or su fliger or director of the corporation or t	ppiemental annual report is tru he receiver or trustee empowe	red to execu	ate and that ite this report	t my signature shall have the same legal effect as if made under bath; th rt as required by Chapter 607. Florida Statutes; and that my name

KARLOCK

1-31-97

305 532 0260

0254892

MADISON