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PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

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CHTY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 17 1997 8:00am

Secretary of State

96/6

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000054909 (2)

CHAYIM KESSLER, C.P.A., P.A.

Principal Place of Business Mailing Address 329 ARTHUR GODFREY ROAD 328 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140-3602 MIAMI BEACH FL 33140 3. Date Incorporated or Qualified 3a. Date of Last Report 06/27/1996 2. Principal Place of Business 2a. Mailing Address 4, F5 Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KESSLER, CHAYIM 329 ARTHUR GODFREY ROAD 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33140 83 City 85 Zip Code 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 Florida. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition KESSLER, CHAYIM 1.2 NAME 630 N.E. 175 STREET STREET ADDRESS 1.3 STREET ADDRESS NORTH MIAMI BEACH FL 33162 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE NAMI 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 32 NAME STREET ADORESS **3.3 STREET ADDRESS** OTY - \$1 - 742 34. CITY-ST-ZIP ■ DELETE Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 1:TLE 5.1 TITLE Addition 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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

14. 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