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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Mar 19 1997 8:00am

Secretary of State

Change

Addition

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000057894 (3)

EDRITE, INC.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

Principal Place of Business Mailing Address P.O. BOX 402553 P.O. BOX 402553 MIAMI BEACH FL 33140 MIAMI BEACH FL 33140-0553								
					3. Date Incorporated or Qualified 07/10/1996	3a. Date of La	· 	
	lace of Business	2a. Mailing Address			4. FEI Number	T	Applied For	
21 Suite Ant	# oto	26 Suite Act II etc			65-0679695		Not Applicable	
Suite, Apt		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		28]			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	7(p	Counti	·y		Yes 🔀 No	ler s. 199.032,	
	g, Name and Address of Curre				10. Name and Address of New Re	gistered Agent		
B & C CORPORATE SERVICES, INC. 201 S. BISCAYNE BLVD. SUITE 3000				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83				
MIAI	MI FL 33131		84			FI 85	Zip Code	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable ((NOTE Registered A	gent signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE DIDEC	TODE IN 12	
TITLE	D OFFICERS AI	DFILTE	1.1 TITLE			Chai		
NAME	OSSIP, BARBARA A		1.2 NAME		DCCID RARBAKA I	4		
STREET ADDRESS	% 201 S. BISCAYNE BLVD.	₿3000	1.3 STREE	1 ADDRESS 9	925 - 89th ST. SURFSIDE FL 33154			
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-	S1-ZIP	SURFSIDE FL 32.	154		
TITLE		☐ DELETE	21 11/11			Chai	nge 🔲 Addilion	
NAME			2.2 NAME					
STREET ADDRESS			1	TADDRESS				
CITY-ST-ZIP TITLE		DELETE.	2 4 CITY 3 1 TITLE	- S1 - ZIP		Cha	nge Addition	
NAME		receit	3 2 NAME				ião 🗀 Vitibilion	
STREET ADDRESS				.1 ADDRESS				
CITY-ST-ZIP			3.4 CITY					
TITLE		DELETE	4.1 TOLE			Cha	nge Addition	
NAME			4. 2 NAM	[
STREET ADDRESS			4.3 STREI	1 ADDRESS				
CITY-ST-ZIP			4 4 CI? Y-	ST-7IP				
TITLE		DELETE	5 1 TIFLE			☐ Char	nge 🔲 Addition	
NAME			5.2 NAME					
STREET ADDRESS				L ADDRESS				
CITY-ST-ZIP	l .		5.4 CITY-	ST-ZIP				

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 information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal offect 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 appears in Block 13 or Block 13 if changed, or on an attachment within address.

6.1 TITLE

G.2 NAME G.3 STREET ADDRESS

DELETE