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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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Apr 16 1997 8:00am
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THE BORK

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Principal Place of Business Mailing Address 441 VALENCIA AVE #201 CORAL GABLES FL 33134 Mailing Address 441 VALENCIA AVE #201 CORAL GABLES FL 33134								
						- 1,004/1881 140 (E) K 2// K 2// K 2// K 20// BE 104// BE		
i					 Date Incorporated or Qua 07/17/1996 	alified 3a. Da	ate of Last F	Peport
2. Principal Pla	ace of Business	28	, Mailing Address		4. FEI Number			oplied For
21		26	SAW	1E				ot Applicab
Sulte, Apt. #	, etc.		Suite, Apt. #, etc.		Continue of District Danie	red 🔲	\$8.75	
22		27			Certificate of Status Desir	eo 🗀	Fee Re	beriupe
City & State		<u> </u>	City & State		6. Election Campaign Finance		\$5.00	
23 Zin	Country	[28]	7in	Country	Trust Fund Contribution		Added	
Zip	<u>⊢</u>	1	Zip	Country	8. This corporation has liabil Florida Statutes	lity for intangible Yes [. 199.032,
24	25 g. Name and Address	of Current Regis	tered Agent	[30]	10. Name and Address of N			
FOX	FRANCES			81 Name		·		
	/ALENCIA AVE., #201				FRANCES FO.	<u>^ </u>		
	AL GABLES FL 33134			82 Street A	ddress (P.O. Box Number is Not Ac とう トルイン 本の代記	H- H	0}	
the medical control				1831	RAL GABLE			
				84 City	NA GABER		85 Zip	Code
<u> </u>						FL		こっぱ ろり
11. Pursuant to	the provisions of Section	s 607 0502 and 6	O7 4500 Finelds Clat.	des the shalls seed a	orporation submits this statement to	or the purpose of	f changing it	s registere
office or re	nietared egent or both in	the State of Flori	da Such chango war	utes, the above-named c	ration's board of directors. I boroby	(accept the end	ointment on	
office or re agent. I am	gistered agent, or both, in I familiar with, and accept	the State of Flori the obligations o	da. Such change was f, Section 607.0505, F	ories, the above-named c s authorized by the corpo Florida Statutes.	orporation submits this statement for oration's board of directors. I hereby	accept the app	ointment as	registered -
agent. I am SIGNATURE	n familiar with, and accept	t the obligations o	f, Section 607.0505, F	Florida Statutes.		accept the app	ointment as	registered
agent. I am	i familiar with, and accept	I the obligations o	if applicable (NC	Florida Statutes. OTE: Registered Agent signature re	equired when reinstating)	DATE	10/9.)
agent. I am SIGNATURE s	n familiar with, and accopt Ignature, typed or printed name of OFFI	t the obligations o	if, Section 607.0505, F if applicable (NC	Torida Statutes. TE: Registered Agent signature re		DATE	JU/9) RS IN 12
agent, I am SIGNATURE S 12.	n familiar with, and accept Ignature, typod or printed name of OFFI FRAW CHU	t the obligations o	if applicable (NC	Florida Statutes. TE: Registered Agent signature re 13. 1.1 TITE	equired when reinstating)	DATE	10/9.) IS IN 12
agent. I am SIGNATURE 12. TITLE NAME	Infamiliar with, and accept Ignature, typed or printed name of OFFI FRAW CEJ PRES 1 C	registered agent and the CERS AND DIRECT	if, Section 607.0505, F if applicable (NC	Tipe: Registered Agent signature re 13. 1.1 Title 1.2 NAME	equired when reinstating)	DATE	JU/9) IS IN 12
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