## 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 # P9600062832 (6)

PORTFOLIO MANAGEMENT CORP.

Principal Place of Business

Mailing Address

2700 S.W. 37TH AVE

2700 S.W. 37TH AVE.

## **FILED** May 02 1997 8:00am Secretary of State



MIAMI FL 33133		MIAMI FL 93133-2742					
					3. Date Incorporated or Qualified 07/26/1996	3a. Date of Last F	teport
2. Principal Pla	ace of Business	2a, Mailing Address		4. FEI Number	FEI Number Applied For		
21		26			N	ot Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing		May Be
23		28	т		Trust Fund Contribution	☐ Added	to Fees
Zip	Country	7ip	Cou	ntry	This corporation has liability for		. 199.032,
24	25 g. Name and Address of Current	[29] Registered Agent	30		Florida Statutes  10. Name and Address of New R	Yes No	····
TEDI	MINELLO, LOUIS J ESO	riogiatoreo Agent		81 Name	2 a	· · · · · · · · · · · · · · · · · · ·	
	S.W. 37TH AVE.			<b>O</b>		MAS	
	AI FL 33133			82 Street Add	ress (P.O. Box Number is Not Accepte		
MINI	11 1 2 00 100			83 70 1	23673140 631771	<u> </u>	
						TL-	
				84 CDA /	M COAST		Code \/3>
11, Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the at	ove-named cor	poration submits this statement for the	purpose of changing i	ts registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligat	f Florida. Such change was ions of, Section 607,0505. F	authorized Iorida Stat	i by the corpora utes.	ation's board of directors. I hereby acco	ept the appointment as	registered
SIGNATURE	Thomas	O'Keel.		OMAS (	S'KEEFE) Y/24	1/9>	
SIGNATURE	Signature, typed of printed hence of registered agent	and (if e if applicable (NO		Agent signature requ	ured when reinstating)	DATE	
12,	OFFICERS AND		18.		ADDITIONS/CHANGES TO OFF		
TITLE	VD	T] DETEAE	1.1 10	LE .		Change	Addition
NAME	TOMANO, JOHN		1.2 N/	ME			
STREET ADDRESS	3841 N.E. 2ND AVE. #101		1.8 ST	REET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33137	C program		Y-ST-ZIP		T &	T A AUDIT
TITLE	PD O'KEEFE, THOMAS	☐ DELETE	2.1 11	i		Change	Addition
NAME	ANALLE AND AVE 4404		2.2 NAME				
STREET ADDRESS	MIAMI FL 33137		2.8 STREET ADDRESS			w <sub>a</sub>	
CITY-ST-ZIP TITLE	D DELETE		2.4 C 3.1 Tr	TY-ST-ZIP		Change	Addition
NAME	ROTH, NEIL		3.1 N			Onlings	Rudillori
STREET ADDRESS	60 EAST 42ND STREET						
·	NEW YORK NY 10165	3.B STREET ADDRESS - 3.B. CITY - ST - ZIP					
CITY-ST-ZIP TITLE	DELFTE		4,1 Tr			Change	Addition
NAME				AME			
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				IY-ST-ZIP			
TITLE		DELETE	5.1 Tr			Change	Addition
NAME		, —	5.P NA				
STREET ADDRESS				REE1 ADDRESS			
CITY-ST-ZIP				1Y-S1-ZIP			
TITLE		☐ DELETE	6.11			Change	Addition
NAME			6 P N/	ME			
STREET ADDRESS	· ·		6 B S1	REET ADDRESS			
CITY-ST-ZIP	•		64 CI	TY-ST-ZIP			
14. I do hereb	by certify that the information supplied	with this filing does not qua	lify for the	exemption state	ed in Section 119.07(3)(i), Florida Statu	tes. I further certify that	the
lam an of	n indicated on this annual report or su ficer or director of the corporation or to h Błock 12 or Block 13 if changed, or	he receiver or trustee empo	wered to e	xecute this repo	at my signature shall have the same leg ort as required by Chapter 607, Florida	Statutes; and that my	name