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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

## FILED Apr 18 1997 8:00am Secretary of State

1. Corporation Name  1. Corpor									
						3. Date Incorporated or Qualified 08/02/1996	3a. Da	le of Last	Report
2. Principal Place of Business 2a. Mailing			dress					7	Applied For
		26				4. FEI Number 5-06857	65		Vot Applicable
Suite, Apt. #, etc.		·	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
22 27 City & State 27			City & State			Fee Required  8. Election Campaign Financing  \$5.00 May Be			
23			]			Trust Fund Contribution Added to Fees			
Zip	Country Zip			Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25 g. Name and Address of Curr	29 ant Registered Ager	30	L <u>.                                    </u>	· · · · · · · · · · · · · · · · · · ·	Florida Statutes  10. Name and Address of New R	Yes _		
FFI	ICI, UMBERTO	om noglater ou reger		81	Name	10, 1100 1100 1100 11	9,0,0,0,0	· gont	
	72 ENSENADA WAY			82	Street Add	ress (P.O. Box Number is Not Accepta	ble)	······································	
B00	CA RATON FL 33433								
				83					
				B4	City		FI	85 Zip	Code
11, Pursuant	to the provisions of Sections 607.09	502 and 607.1508, FI	orida Statutes, I	the above	e-named cor	poration submits this statement for the		changing	its registered
office or r agent. La	registered agent, or both, in the Sta im familiar with, and accept the obl	ite of Florida. Such ch igations of, Section 6	iange was auth 07.0505, Florida	orized by a Statute	y the corpora s.	poration submits this statement for the tion's board of directors. I hereby acceptions	pt the appo	ointment a	is registered
SIGNATURE									
12,	Signature, typed or printed name of registered a OFFICERS A		(NOTE Re	gistered Age	uper erutangia Ine	ired when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CEDO AND	DIDECTO	ADC IN 10
TITLE	OFFICERS AND DIRECTORS  D		1.1 TIFLE 1.2 NAME		ADDITIONS/CHANGES TO OFFI	CENS AND	Change		
NAME									
STREET ADORESS	22072 ENSENADA WAY		l l	1.3 STREET	ADDRESS				
CITY - ST - ZIP	BOCA RATON FL 33433		DELETE	1.4 CITY - S	ST-ZIP			T Oberes	- I addition
TITLE NAME			DELETE	2.1 TITLE 2.2 NAME				Change	Addition
STREET ADDRESS			Ī	23 STREET	CANDRESS				
CITY - S1 - ZIP	}		ł	2. 4 CITY	I				
TITLE			DELETE	3.1 TITLE				Change	Addition
NAME			,	3.2 NAME	ļ				
STREET ADDRESS				3.3 STREET	ADDRESS				
City - St - ZiP			DELETE	3 4. CITY-	ST - ZIP	· · · · · · · · · · · · · · · · · · ·			1 4 4 2 1 2
TITLE		لسا	DELETE	4.1 TITLE	}			Change	Addition
NAME STREET ADDRESS				4. 2 NAME	ADDRESS				
CITY-ST-7IF			1	4.4 CITY - S					
TITLE				51 TITLE	21.211		<del></del>	Change	Addition
NAME			ſ	5.2 NAME	[			·	
	ſ								
STREET ADDRESS	Į.		1	5.3 STREET	T ADDRESS				
STREET ADDRESS CITY- ST. ZIP				5.3 STREET 5.4 City-5	1 '				
			DELETE		1 '		·	Change	Addition
CITY- ST. ZIP			DELETE	5.4 CITY-S 6.1 TITLE 6.2 NAME	ST - ZiP	office and the second		Change	Addition
CITY-ST-ZIP TITLE			DELETE	5.4 CITY-S 6.1 TITLE	ST - ZiP			Change	Addition

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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-10-97 - 561-482,998

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