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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF SATE

Sandra B. Moltinism

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000075402 (3)

APPROVED AND FILED

1997 JUL -3 PM 12: 45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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FABISCH, RUSSELL 1575 NW 14 ST MIAMI FL 33125 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or printed name of regeters agent a muse if applicable (NOTE Tegesteres Agent signature require or whom reinstating). OATE	├(29	30		
1575 NW 14 ST MIAMI FL 33125 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, byted or printed name of registeric agent a mode of registeric agent signature required which reinstating). (ATF)		rrent Registered Agent		10. Name and Address of New Register	ed Agent
MIAMI FL 33125 83 84 City FL 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, byted or printed name of registeric agent and the if applicable. (NOTE Registered Agent signature require a whom reinstating). (NATE			81 Name		
83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.05/02 and 607.15/08, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, byted or profited name of registers agent and the if applicable. (NOTE Registered Agent signature region or whom reinstating). (NOTE Registered Agent signature region or whom reinstating).			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
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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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early 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 if changed, or on an attachment with an address.