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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P9600 0 TREET, CORP	00,77137 (3)		(HADISTA) NA NOVO ENIN 1610 AGUE OS)	II BOXX XXIIF IBADI IIRDD HIII 1081 IZDI
Principal Place of Business 17813 BISCAYNE BLYD. NO MIAMI BEACH FL 33160		Mailing Address 17813 BISCAYNE BLVD. NO MIAMI BEACH FL 33160-2501			
				 Date Incorporated or Qualified 09/17/1996 	Sa. Date of Last Report
2. Principal Place of Business		2a. Mailing Address		4, FEI Number	LApplied For
21 Suite Apt #, etc		Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	1	Trust Fund Contribution	Added to Fees
Zip 331	Country	Zip	Country	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No
24	25 9. Name and Address of Curre	29 nt Registered Agent	30	10. Name and Address of New Re	-
ANT	MAN, STEVEN		81 Name		
	13 BISCAYNE BLVD.		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
NO	MIAMI BEACH FL 33160				
			83	•	
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607 050	02 and 607, 1508 Florida Statu	ites, the above-named co	progration submits this statement for the t	
Office or r	registered agent, or both, in the State	of Florida, Such change was	authorized by the corpor	orporation submits this statement for the pration's board of directors. I hereby acceptations	pt the appointment as registered
	arciamillar with, and accept the bong	allons of, decitor dor.dods, i	iona sialates.		
SIGNATURE	Signature, typed or printed name of registered ag		TE: Registered Agent signature rec		DATE
12.	OFFICERS AN	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12 Change Addition
TIME NAME		L_) DELETE	1.1 TITLE 1.2 NAME	FIDE ANTM	AN
STREET ADDRESS			1.3 STREET ADDRESS	JOE 12 BISCHART	BIVO.
City - S1 - 7iP			1.4 CITY-ST-ZIP	N. MIAMI BELL	233160
TILE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	0,6	£4
CHY ST-ZE		T belete	2.4 CITY-ST-ZIP		
MILE		☐ DELETE	3.1 TITLE		Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADORESS		
CITY-\$1-20F			34, CITY-ST-ZIP		
THE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - 7iP			4.4 CITY - ST - ZIP		
* TL!		☐ DELETE	5.1 TITLE	•	Change Addition
NAME CONCELLADORNEC			52 NAME		W <1.1
STREET ADDRESS CITY+SL+ZIP			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		(~)(\
TITLE		DELETE	6.1 TATLE		Change Addition
NAME		•	6.2 NAME	10000216 -05/16/97010 ***165.00	30781
STREET ADDRESS			6.3 STREET ADDRESS	-05/16/97010	13037
COLY ST ZIF			6.4 CITY-SY-ZIP	***165.00	
 I do herel informatic 	by certify that the information supplied in indicated on this annual report or	ed with this filing does not qua supplemental annual report is	lify for the exemption state true and accurate and the	led in Section 119.07(3)(i), Florida Statute hat my signature shall have the same leg:	es. I further certify that the al effect as if made under oath: tha
Lain an c appears	Hicer or director of the form ration on Block 12 or Block 13 if manged, o	r the receiver or trustee empo on an attachment with an ac	wered to execute this rep ddress.	nat my signature shall have the same leg- port as required by Chapter 607, Florida	Statutes; and that my name