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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS							Secretary of State				
	MENT # P960 O PROPERTIES, INC.	000830	01 (3)								
Principal Place of Business Mailing Address 15101 MEMORIAL HIGHWAY 15101 MEMORIAL HIGHWAY MIAMI FL 33169 MIAMI FL 33169-6704					er de la companya de			\$ 190 ATOLO 110 TOULO BARA ORDIN DOSAL DE	 		,
								3. Date Incorporated or Qualified 10/08/1996	3a. Da	ate of Last R	eport
··	ace of Business	h	g Address					4. FEI Number	-7		plied For
Suite, Apt	# 610	26 Suite	Apt. #, etc.					65-070155	<u>/</u>	\$8.75	ot Applicable
22	-, CCC	27	ripi. W, Cic.				-	5. Certificate of Status Desired			Additional equired
City & State	}		State					8. Election Campaign Financing		\$5.00	May Be
23	Constant	28		I 6-				Trust Fund Contribution		Added	
Zip	Country Zip C 25 29 30				ntry	 16. This corporation has liability for intangible tax under s. 1 Florida Statutes				. 199.032,	
24	9. Name and Address of Co		Agent	Isul				10. Name and Address of New R			
JON	ies, steven l				81	Name		······································			
AND ALE CECONIC AVENUE						Street A	Addres	s (P.O. Box Number is Not Accepta	bie)		
SUITE 216						0.0017		The box runner to trot to copie			
MIAI	MI SHORES FL 33138				83						
						City	·	· · · · · · · · · · · · · · · · · · ·		85 Zip	Code
44 Our ool A	to the partitions of Cyptions CO	7 05 00 and 007 15 0	O. Florida Cast d	os the st			050001	ation submits this statement for the	FL		
office of n	egistered agent, or both, in the	State of Florida, Suc	b, Florida Statut ch change was	ies, the at authorize	oove d by	y the corp	corpor	ation submits this statement for the i's board of directors. I hereby accom-	purpose of opt the app	changing it ointment as	registered registered
	m familiar with, and accept the	obligations of, Section	on 607.0505, FI	orida Stat	ules	S .					ľ
SIGNATURE	Stgrature, type for printed name of register	red agent and life if applica	role (NOT	E Registered	l Age	ant signature	required	when reinstaling)	DATE	···	
12,		S AND DIRECTORS		13.				ADDITIONS/CHANGES TO OFF	CERS AND		***************************************
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NAME	KANT, JON	/AV		1.2 N		1					ľ
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SIBSET ADORESS CHY-ST-7 P				1		ADDAESS					

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

. 日本科学科工艺工

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0231324

FILED

Apr 29 1997 8:00am