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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

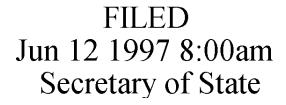
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000084556 (5)

TRIAL STAGE, INC.

Mailing Ad





Principal Place of Business 501 N.E. 1ST AVENUE SECOND FLOOR MIAMI FL 33132		Mailing Address 501 N.E. 18T AVENUE SECOND FLOOR MIAMI FL 33132-1915		(120))24) (12 120) 21)) 22)(1 26)) 22)) (27)	
				3. Date Incorporated or Qualified 10/10/1996	3a. Date of Last Report
	Place of Business N.E.I.Auc.	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			- \$9.75 Additional
22 44-1	ده	27		5. Certificate of Status Desired	Fee Required
City & Stat	le	City & State		8. Election Campaign Financing	\$5.00 May Be
	IAMI FI	28		Trust Fund Contribution	Added to Fees
Zip 24 33 I	Country	Zip	Country	8. This corporation has liability for	
24 37	9. Name and Address of Curre		[30]	Florida Statutes 10. Name and Address of New Re	Yes No
MAF	RTINEZ, RICHARD I		81 Name 🔾		
	N.E. 1ST AVENUE		82 Street Add	dress (P.O. Box Number is Not Acceptal	nes
	OND FLOOR		62 Street Aut		⊃4 D
MIA	MI FL 33132		83		
			84 City		85 Zip Code
:			M	Liqui F	- FL 35(2)
office or r agent. I a SIGNATURE	registered agent, or both, in the Sate am familiar with, and account the oblig signature, typed or printed harns of registered ag		[/	poration submits this statement for the alicen's board of directors. I hereby acce	of the appointment as registered
12.		D DIRECTORS	logistered Agent signature requ	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	PSD	DELFTE	1,1 TITLE		Change Addition
NAME	MARTINEZ, RICHARD I		1.2 NAME		
STREET ADDRESS	5440 S.W. 82ND STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33155		1.4 CITY-S1 - ZIP		
TITLE	VTD	☐ DELETE	2.1 TiTLE		Change Addition
NAME	MARTINEZ, ARLENE		2.2 NAME		
STREET ADDRESS	5440 S.W. 82ND STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33155	Delete	2. 4 CITY - \$1 - ZIP		
TITLE		☐ DELETE	3.1 TITUE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CHY-\$1-ZIP 4.1 TITLE		Change Addition
NAME		occur	4. 2 NAME		C ormide C vacada
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE	···	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City - ST - ZiP		
TITLE		☐ DELETE	61 TITLE		Change Addition
Name			6.2 NAME		-
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
	by cartifu that the information cumplic	d with this filing doos not suplif		d in Section 110 07/2Vi) Florida Statuto	- 1 f th

• Too nereby certify that the information supplied with first 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 logal 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 ap stachment with an address.

below roman