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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

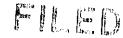
Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P96000085305 (6)

**DONNA B. CORPORATION** 



97 JUN 27 PM 2: 19

SECRETARY OF STATE TALLAHASSEE FLORIDA



Principal Place of Business Mailing Address							A OLEDO IIIAI DOIDI	<b>   (              </b>		
444 BRICKELL AVENUE. SUITE 807 444 BRICKELL AVENUE. SUIT MIAMI FL 33131 42407										
					3. Date Incorporated or Qua 10/15/1996	ified 3a. D	Date of Last Re	eport		
2. Principal P	ace of Businoss	2a. Mailing Address			4. FET Number	<u></u>	Ap	plied For	1	
21		26			65-0101	513,	No	t Applicable		
Suite, Apt.	#, e1c.	Suite, Apl. #, etc.			5. Certificate of Status Desire	rd M	\$8.75			
22		27					Fee Re	<del>'</del>	Į	
City & State	<del>)</del>	City & State			6. Election Campaign Finance	ing (T)	\$5.00 Added t		-	
Zip	Country	28 Zip	Count		Trust Fund Contribution	Ly for intensible			1	
24	25]		30	.,,	<ol> <li>This corporation has liabili Florida Statutes</li> </ol>		e tax under s. □ No	199.032,		
<u> </u>	9, Name and Address of Current		00,		10. Name and Address of No				1	
- AMERILAWYER CHARTERED					81 Name Victorial					
	ALMERIA AVENUE			2 Street Add	urka Uugknine	entable)			1	
	AL GABLES FL 33134			440	ress (P.O. Box Number is Not Acc	DE:	807			
t <sub>ar</sub>			8	3					1	
1	/	. 1	-	City		~ <del></del>	05   7m /	Code	┨	
	/ /	/)//	`	$^{"}$	'AM I	FL	_   85   Zip (	වීමී 🎵	1	
11. Pursuant office or reagent. La	to the provisions of Sections 507.000 egistered agont, or both, in the Section of familiar with and occupy the propagate	and 497.1508, Florida Statute f / lo da. Such change was at onsouf, Section 607.05057 Flor	s, the about the statute of the stat	ove named corporal by the corporal os.	poration submits this statement fo tion's board of directors. I hereby	the purpose of accept the ap-	of changing its pointment as	s registered registered		
SIGNATURE	Hudling.	<del></del>	rasi d	ent 1		6/23				
CIGITATIONE		ad talle if applicable NOTE:	Registered /	gent signature requi	ired when reinstating)	DATE				
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO	OFFICERS AN			80/0	
TITLE .	PTD AND DVA	☐ DELETE	1.1 111()	1			Change	Addition	Q	
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CITY-ST-ZIP		. ^ ^		-ST-ZIP						
	y certify that the information supplies	with this illing does not qualify			d in Section 119 07/3/(i) Florida 9	tatutae i furthe	or cortify that	the	1	

ruing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the full annual report is true and accurate and that my signature shalf have the same legal effect as if made under oath; that yer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my number lachment with an address. I am an officer or director of the corp.
appears in Block 12 or Block 13 II chi