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

FILED Apr 16 1997 8:00am Secretary of State

	MENT # P96000 INGER HOMES PARK LAKE				
Principal Place of Business Mailing Addr		Mailing Address		E INSTITUTO IN COLOR DESIN BREIN BREIN DRIVE DRIVE DRIVE SA	1810 1918:18
19232 CLOISTER LAKE LANE BOCA RATON FL 33498		19232 CLOISTER LAKE LAN BOCA RATON FL 33498-481			
				10/23/1996	Date of Last Report
2. Principal F 21	Place of Business	2a. Mailing Address 26		4. FEI Number 65-0706346	Applied For Not Applicable
Suite Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te .	City & State	***************************************	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip	Country 30	8. This corporation has liability for intangib	ele tax under s. 199.032,
24	9. Name and Address of Curre		30	10. Name and Address of New Registere	
SH	ILESINGER, MARIO		B1 Name		
~ 197	232 CLOISTER LAKE LANE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
, во	CA RATON FL 33498		83		
•			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statute	s, the above-named corr		
office or agent 1. SIGNATURE				poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	opointment as registered
12.	5 guardie typed or printed hame of registered ag	pont and little if applicable (NOTE: ND DIRECTORS	Registered Agent signature requi	red when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIPECTORS IN 12
TITLE	President	DELETE	1.1 TITLE	ADDITIONS FIANCES TO OFFICE TO A	Change Addition
NAME	Mario Shlesinge	_	1,2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
City-S1-ZiP	Boca Raton F1	33498	1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CHY-S1-ZIP		Florerre	2. 4 CITY - ST - ZIP		Change Address
TITLE		☐ DELETE	31 TITLE 32 NAME		Change Addition
NAME STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY-ST-ZIP		!
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		-	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - SY: ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	a f	
STREET ADDRESS		•	5.3 STREET ADDRESS		
CITY-ST-ZiP		☐ DELETE	5 4 CHY - ST - ZIP		Change Addition
TITLE			61 TITLE		FT CHANGE FT MOUNTON
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
STREET ADDRESS			li i		
CITY - ST - ZIF	ļ		6.4 CITY-ST-ZIP	dia 0 - 11- 110 07/01/0 Florida 01-1 t-2 11 -0	

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, on an attachment with an address HARIO SILLESIMEER.

SIGNATURE:

561-964-0258