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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

May 06 1997 8:00am

AININ	Secretary of State DIVISION OF CORPORATIONS						Wiay 00 1997 8.00aii				
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Principal Plac	ce of Business	Mai	ling Address								
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MIAMI, FL 33155							3. Date incorporated or Qualified	3a. Dai	te of Last R	teport	
2. Principal I	Place of Business	2a.	Mailing Address				4. FEI Number	 	Ar	oplied For	
21		26					65-073070x	<u> </u>	No	Applicable	
Suite, Apt	.#, etc.	 	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75		
22 City & Sta	le .	27	City & State		 		6 Clastics Consider Financia	· 	Fee Re		
23		28	ony a olalo		!		6. Election Campaign Financing Trust Fund Contribution	: 🗖	\$5.00 Added t		
Zıp	Cou		Zip	Coun	try		8. This corporation has liability for				
24	25	29		30	i		Florida Statutes	Yes 🗆] No		
	9. Name and Ad	dress of Current Registe	red Agent		· · · · · ·		10. Name and Address of New F	legistered A	gent .		
0-1	11	\		ļe	1 Name	,	· • • • • • • • • • • • • • • • • • • •			•	
Ded Harnander BZ Street Add							ess (P.O. Box Number is Not Acceptable)				
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WIBN	v £r 3₹	3155]6	H City		· .	FL	85 Zip (Code	
11. Pursuant	to the provisions of S	ections 607,0502 and 607	7.1508. Florida Statu	tes, the abo	ve-name	oorpor	ation submits this statement for the	DIVERSE OF	changing it	s registered	
office or i agont 1 a	registered agent, or b am familiar with, and a	with, in the State of Florida accept the obligations of,	ı. Such change waş Section 607.0505, Fi	authorized Iorida Statul	by the col les	rporation	n's board of directors. I hereby acc	apt the appo	intment as	registered	
SIGNATURE					1]	
	Signature typed or printed r	name of registered agent and title if			lgent signatur	Perinder e	when reinstating)	DATE	0,0000000		
12.	9,0	OFFICERS AND DIRECT	DELETE	13. 1.1 Titu	F !	1	ADDITIONS/CHANGES TO OFF	ICEHS AND	Change	S IN 12 Addition	
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CITY-ST-ZIP				6.4 CITY			5000021 -05/13/97010 ***165.00		-		
14. I do here	by certify that the info	rmation supplied with this	ling does not quali	fy for the ex	emption :	stated in	Section 119 07(3)(i) Florida Statut	es I further a	cartify that I	the	
I am an o	ifficer or director of th	e corporation or the receive	ver or trustee empoy	vered to exe	ocute this	report a	y signature shall have the same leg s required by Chapter 607, Florida	Statutes; an	d that my n	ame	
appears i	III DIOCK VZ OF BIOCK	or organ att	auriment with an acc	បាមនុទ្ធ	!		1 1	1			