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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary A State

1997

DOCUMENT # P96000097838 (2)

FILED May 15 1997 8:00am Secretary of State

Principal Viac 833 MIRAMAR IRAMAR FL 3	ce of Business PARKWAY	Mailing Address 6833 MIRAMAR PARKWA' MIRAMAR FL 33023-8002	· · · · · · · · · · · · · · · · · · ·			
				3. Date Incorporated or Qualified 12/03/1996	3a. Date of Last R	eport
2. Principa f	Place of Business	2a. Mailing Address	λ //	4. FEI Number	16-Z A	oplied For
174	13 SO. DIXIE HWY		O. Dixie Hw	65-07176		ot Applicable
Suite, Apt	#, eac. /	Suite, Apt. #, etc.	•	Certificate of Status Desired	\$8.75 /	
City & Sta		City & State	<u> </u>	6. Election Campaign Financing	\$5.00	-i
MIA		28 MIAMI	FL JAINT	Trust Fund Contribution	Added t	to Fees
- Zip 1- ココ ノク	Country	Zip 22/57	Country Dade	8. This corporation has liability for	Intangible tax under s Yes No	. 199.032,
3315	9. Name and Address of Curren	29 33/57	30 Daux	Florida Statutes 10. Name and Address of New Re		
AME	RILAWYER CHARTERED		81 Name	SCHEDING CA	dia s.	
	ALMERIA AVENUE		82 Street Ad	idress (P.O. Box Number is Not Acceptal		
COF	VAL GABLES FL 33134				**************************************	
	. (83 194	115 50- Dixie 1	Hwy.	
			84 City A	Mi Auga:	85 Zip	Code 7
11 Duranant	to the provisions of Sections 607.050	2 and 607 1508 Florida Stat	utes the above-named or	prporation submits this statement for the		
office or	registered agent, or both, in the State	of Florida Such change was	s authorized by the corpor	ration's board of directors. I hereby acce	pt the appointment as	registered
·· •	am familiar with, and accept the obliga		rionda Statutes.	4/20	/ 57	
IGNATURE	Standare, typed operated name of registered age	ont and time if applicable (NO	OTE: Registered Agent signature rec			
					DATE	
		D DIRECTORS	13.	aulred when reinstating) ADDITIONS/CHANGES TO OFFI		
T.E	PSD C		13.	P3 ADDITIONS/CHANGES TO OFFI	Change	
ITLE AME	PSD SACHEDINA, SADJO S	D DIRECTORS	13.	P3 ADDITIONS/CHANGES TO OFFI	Change	RS IN 12
ile Ame Reet Acidress	PSD SACHEDINA, SADIO S 6833 MIRAMAN, PARKWAY	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		Change	
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4. I do horeby 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.

SIGNATURE:

Sada (Sadicidia, ITECLITED)

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

4/30/97 (305) 259-706/