PROFIT CORPORATI ANNUAL REF 1997		FLORIC	DA DEPARTN Sandra B. I Secretary of	MENT OF STATE	May 16	ILED 1997 8 ary of S	
	THCARE MANAGE						
Inicipal Place of Business Mailing Address 2 N.E. 191ST STREET 352 N.E. 191ST STREET ENTURA FL 33180 AVENTURA FL 33179-3899					é abdelhan and annsa baser fillenn fillen	INGA DIALI ANULA JUGA INGA D	1879 JBII (891
					3. Date Incorporated or Qualifier 12/20/1996	d 3a. Date of Las	
Principal Place of Bus 352 M.E.		26. Mailing Add 26. 357. A		15 ST	4. FEI Number 65-0725971	, –	Applied For Not Applicable
Suite, Apt #, etc.		Suite, Apt. 4	¥, etc.		5. Certificate of Status Desired		5 Additional Required
City & State Mi i Ki Mi i	City & State	City & State Mi Hani FL		 Election Campaign Financing Trust Fund Contribution 	\$5.0	0 May Be	
Zip 33179	Country 25 USA e and Address of Curre	Zip 29 33/7	9 3	Country VSA	B. This corporation has liability f Florida Statutes 10. Name and Address of New	pr intangible tax unde	
POLLACK, CAL		ur veðistelað viðalir		81 Name	10, Name and Address of New	uefiletelet vitellt	
352 N.E. 1915 AVENTURA FL				82 Street Add	Iress (P.O. Box Number is Not Accep	table)	
AVENITORA FL	33100			83			
	· ·			84 City		FL 85 Z	ip Code
Pursuant to the provi	sions of Sections 607.050 gent, or both, in the State	02 and 607.1508, Flor of Florida, Such cha	rida Statutes,	, the above-named cor horized by the corpora	poration submits this statement for the	e purpose of changin cept the appointment	g its registered
GNATURE TO R.	Not ably	uk lar	210	rotollack	poration submits this statement for the tion's board of directors. I hereby acc Directory	e purpose of changing cept the appointment	g its registered as registered
GNATURE TO R.	of printed name of registered ag	uk lar	210	the above-named cor horized by the corpora ta Statutes. Polleck Segletered Agent signature requ 13.	Director	e purpose of changin cept the appointment 5 8 9 DATE	7
BNATURE CHERAUME LYCE	Stor printed name of registered ap OFF ICERS AN	ID DIRECTORS	210	Segistered Agent signature required agent signature sign	alred when reinstating)	e purpose of changin cept the appointment 5 8 9 DATE	ORS IN 12
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