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

PROFIT CORPORATION ANNUAL REPORT

1997



Control of the Contro

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000104054 (7)

LUDALE ENTERPRISES, INC.

						.	
Principal Place of Business Mailing Address						. 1 17561 Paint B1801 48151	#1911
441 VALENCIA AVE SUITE 203 CORAL GABLES FL 33134		441 VALENCIA AVE SUITE 203 CORAL GABLES FL 33134-5771		·			
OUTHE UNDER TE SOUTH			***		3. Date Incorporated or Qualified	3a. Date of La	st Report
					12/30/1996	ŀ	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	,	Applied For
21		26			65-0715081		Not Applicable
Suite, Apt	#. etc.	Suite, Apt. #, etc.			5, Certificate of Status Desired		75 Additional
22	A.M. M	27			O, Columbia o Clade Double	Fe	e Required
City & State			City & State		6. Election Campaign Financing	7	00 May Be
23	6	28			Trust Fund Contribution		ded to Fees
Ζφ	Country	Zφ	Country	y	8. This corporation has liability for		er s. 199.032,
24	25 9. Name and Address of Curi		30		Florida Statutes 10. Name and Address of New Re	Yes No	
har.	···	Tent negistered Agent	81	Name	ID, Marile and Address of Herr H	Mistolati Wall	
MELCHING, LUELLA N 441 VALENCIA AVE							
N .	TE 203		82	Street Add	ress (P.O. Box Number is Not Accepta	ole)	
3		83		**************************************			
COR	RAL GABLES FL 33134						
			84	City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the abov	e named corr	poration submits this statement for the	purpose of changi	ng its registered
ottice or agent 4	registered agent, or both, in the Sta am fam liar with, and accept the ob	ate of Florida. Such change was au Jigations of, Section 607,0505, Flor	Jthorized b ida Statute	y the corpora s.	poration submits this statement for the tion's board of directors. I hereby acce	pt the appointmen	it as registered
SIGNATURE		, , , , , , , , , , , , , , , , , , , ,					
SIGNATION.	Signature: typed or printed name of registered	agent and tide if applicable (NOTE:	Registered Ag	ent signature requi	red when reinstating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		
TITLE	PO	☐ DELETE	1.1 TITLE			[] Char	nge L Addition
NAME	MELCHING, LUELLA N		1.2 NAME				
STREET ADDRESS		203	1.3 STREE	T ADDRESS	•		
CITY-ST-769			1.4 CiTY-	ST-ZIP	·		
HTLE	STD	☐ DELETE	2 1 TITLE	İ		L Chai	nge L. Addition
NAME	PHILLIPS, GAIL M		22 NAME				
STREET ADDRESS	<u>.</u>		2.3 STREE	T ADDRESS			
CITY - ST - ZIF	MIAMI FL 33176		2 4 CITY-	ST-ZIP			
TITLE	-		3.1 TITLE			L Cha	nge () Addition
NAME	PHILLIPS, JOHN S		3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
C(TY - ST - 7)P	MIAMI FL 33176	Theres	3.4. CITY-	ST-2(P			
TITLE	VD	DEFEAE	4.1 TITLE	1		L Chai	nge L. Addition
NAMÉ	BROWN, KAREN M		4. 2 NAME				
STREET ADDRESS				T AODRESS			
CHY-ST-ZIP	MIAMI FL 33156	T OCIETE	4.4 CITY-	ST-ZIP		I n	Lare
TITLE	D DOGGER DANNEL I	DELETE	5.1 TITLE			[] Chai	nge 🛄 Addition
NAME	BROWN, DANIEL L		5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-7IP			5.4 CITY -	ST-ZIP			
1.11.6		DELETE	61 TITLE	[☐ Cha	nge L. Addition
NAME			6.2 NAME	(
STREET ADDRESS			63 STREE	T ADDRESS			
0070 01 707			C 4 CITY	CT 710			

SIGNATURE:

14. 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, or on an attachment with an address.

FILED

Feb 12 1997 8:00am

Secretary of State

- E (BRAKOR) KIR ITKIT BAKKI BAKKI BAKKI ATKIT BIRTO BIRTO BAKKI BIRTO BAKKI BAKKI BAKKI BAKKI