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

**PROFIT CORPORATION** ANNUAL REPORT

1998



## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

**DOCUMENT** # P97000097467 (9)

FINE & ASSOCIATES, P.A.

## **FILED** Apr 07 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			- 1 10 01 10 01 10 10 10 10 10 10 10 10 1	. <b>1901 1 1401 0</b> 1111 1 <b>170</b> 1 <b>170</b>
200 SOUTH BISCAYNE BLVD SUITE 3100 200 SOUTH BISCAYN MIAMI FL 33131 MIAMI FL 33131			BLVD SUITE 3100		DO NOT WRITE IN THIS S	SPACE
					3. Date Incorporated or Qualified	
- Deineinel D	N(f)				11/14/1997	
2. Principal Place of Business		} ·1	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	# etc	26 Suite, Apt. #, etc.			65-0798230	Not Applicable
22	<b>#</b> , 010.	F-1			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State	City & State		# Stooties Compales Singapine	
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zφ	Count	ry	8. This corporation owes or has paid the curr	
24	25]	29	30			]Yes ☐ No
	9. Name and Address of Cu	irrent Registered Agent		~	10. Name and Address of New Registered A	gent
	ie, alan s		6	1 Name		
200 SOUTH BISCAYNE BLVD SUITE 3100 MIAMI FL 33131			8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
			<u> </u>	.		
			8:	3		
			8	4 City		85 Zip Code
44-5				<u> </u>	<u> </u>	1 1 ' 1
office or r agent. I a	to the provisions of Soctions 607 ogistored agent, or both, in the S im familiar with, and accept the c	0502 and 607,1508, Florida Statu State of Florida. Such change was phligations of, Section 607,0505, F	utes, the abo authorized b Torida Statute	ve-named corp by the corpora es.	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appo	changing its registered sintment as registered
SIGNATURE						
12.	Signature, typed or ponted name of registers  Out 1701-000	of agent and title if applicable (NC GAND DIRECTORS		gent signature requi	red when reinstating) DATE	
TITLE	D	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition
NAME	FINE, ALAN S		1.2 NAME			Cuange C Mounton
STREET ADDRESS	200 SOUTH BISCAYNE B	LVD SUITE 3100		ET ADDRESS		
City-St-ZIP	MIAMI FL 33131		1.4 CITY-			
TITLE		DELETE	2 1 TITLE			Change Addition
NAME			2.2 NAME	i 1		
STREET ADDRESS			2 3 STREE	ET ADDRESS		
CITY-ST-ZIP			2 4 C(1)	-ST-ZIP		
TITLE	☐ DELETE 3		31 TITLE	-		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STAEE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY			
TITLE		DELETE	4.1 TITLE		•	Change Addition
NAME OTREET ADDRESS			4. 2 NAMI			Í
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 5.1 TITLE			Change
NAME			5.1 HILE 5.2 NAME		'	Change Addition
STREET ADDRESS				T ADDRESS		
CHY-ST-ZIP			5.3 STREE 5.4 CITY -	- 1		1
TITLE		DELETE	5.4 CITY -	31-71		Change Addition
NAME			6.2 NAME		<b>'</b>	radiioi
STREET ADDRESS				T ADDRESS		
CITY - ST - ZIP			6.4 CITY-			ļ

14. Thereby 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: