

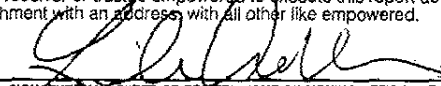


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P97000105816 | |  |
| 1. Entity Name ADLER FUND HC, INC. | | |
| Principal Place of Business 1400 N.W. 107TH AVENUE MIAMI, FL 33172-2704 | | Mailing Address 1400 N.W. 107TH AVENUE MIAMI, FL 33172-2704 |
| DO NOT WRITE IN THIS SPACE | | |
| | |  03242004 No Chg-P CR2E034 (10/03) |
| | | 4. FEI Number 65-0818580 Applied For Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent LEVY, JOEL 1400 N W 107TH AVENUE 200 SOUTH BISCAYNE BLVD., SUITE 3300 MIAMI, FL 33172 | | DO NOT WRITE IN THIS SPACE |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees U000000139303 04/29/04-80115-018 150.00 |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP ADLER, MICHAEL M 1400 N.W. 107TH AVENUE MIAMI, FL 331722704 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVA LEVY, JOEL 1400 N W 107TH AVENUE MIAMI, FL 33172 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST ARRIZURIETA, LUIS 1400 N W 107TH AVENUE MIAMI, FL 33172 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS ADLER, LINDA K 1400 N W 107TH AVENUE MIAMI, FL 33172 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. | | |
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Linda K. Adler Asst. Secy. 4/27/04 305-392-4051 <small>Date Daytime Phone #</small> |