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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Corporatio	MENT # \$12906 , INC.	5 (1)						
Principal Plac	se of Business	Mailing Address					IEN ENEN ENEN	01011 1901
3155 N.W. 82N Miami Fl 3312		3155 N.W. B2ND AVE. Miami FL 33122-1021						
					Date Incorporated or Qualified 11/15/1990		ile of Last F	Report
2, Principal Place of Business		2a. Mailing Address	2a. Mailing Address 26		4. FEI Number 65-0233631	Applied For Not Applicable		
Suite, Apt	#. etc	Suite, Apt. #, etc	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		5. Certificate of Status Desired		\$8.75	Additional equired
City & Stat	te	City & State			6. Election Campaign Financing	П	\$5.00	May Be
2 3] Zip	Country	Zip	Country		Trust Fund Contribution 8. This corporation has liability for in	ntangible	tax under s	to Fees s. 199.032,
24	25 g. Name and Address of Curre	nt Registered Agent	30		Florida Statutes 10. Name and Address of New Reg		No Acont	
7AR	ALETA, JASON	in riogistorou Agont	B1 N:	ame	10. Trailer and Madions C. How Ho	giotorou i	- Bott	
3155	5 NW 82ND AVE		82 St	reet Addri	ess (P.O. Box Number is Not Acceptab	le)		
MIAI	MI FL 33122-8021		83					
			84 Ci	ty		FL	85 Zip	Code
office or r agent. La SIGNATURE	to the provisions of Sections 607, serious for the State are familiar with, and accept the oblig state of the provision of the provisions of the provision of the provisions of the provi		authorized by the orida Statutes.		oration submits this statement for the pion's board of directors. I hereby accepted when religitations	the app	ointment as	registered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		DIDECTOR	
TITLE					AUDITIONS/CHANGES TO OFFIC	ERS AND	DIMECTO	RS IN 12
	PD	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	ERS AND	Change	AS IN 12 Addition
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i. I do Fercely 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 supplicmental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the Lam 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

SIGNATURE ANTE OF BUNNED HAVE OF SIGNING OFFICER OR ORECTOR

4/18/97

305-592-8050

FILED

Apr 29 1997 8:00am

Secretary of State

Daytime Phone #

2E034 (9/96)