## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

S15734

(4)

1211 17 STE MIAMI BEAC		Mailing Address  1211 17 STREET MIAMI BEACH FL 3	13139						
US		US				3. Date Incorporated or Qua 12/03/1990	lified 3a. [	Date of La 04/28/	
	ace of Business	2a. Mailing Address			4. FEI Number		Applied For		
	6 INF 165 M St	26				65-0227700			Not Applie
Suite, Apt.	a, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desir	ed 🗀		.75 Addition
City & State	9	City & State				6. Election Campaign Finance			ee Required
Nort	hMighi Beach, Fl	28				Trust Fund Contribution	ing 🔲		.00 May B
Zip	Country	Zip	Cou	intry		8. This corporation has liabili	ty for intangible		
331(		29	30	,		Florida Statutes 5	₹Yes 🗌 No		
	9. Name and Address of Curren	it Hegistered Agent	<del> </del>	81	Name	10. Name and Address of I	lew Register	ed Agent	
BERNS,	SOL C					ddress (P.O. Box Number is Not Acceptable)			
	AWTHORNE AVE.			82 Street Addr					
SURFSIDE FL 33154				83					
				84 (	0.4				
					City		F	85	Zip Code
familiar wit SNATURE	ed agent, or both, in the State of Floric th, and accept the obligations of, Secti Signature, typed or printed name of registered agent	ion 607.0505, Florida Statut	les.	corpora	alion s boar		e appointment	changing as registe	its registered red agent. I a
familiar wit	th, and accept the obligations of, Section of the control of the c	and the if applicable (DD)	INOTE: Registered	Agent sig	alion s boar	o or airectors. I hereby accept th	e appointment	as registe	red agent. I a
familiar wit SNATURE	th, and accept the obligations of, Sections, and accept the obligations of, Sections, and accept the obligations of registered agent OFFICERS AND	on 607.0505, Florida Statut	(NOTE: Registered	Agent sig	alion s boar	or orrectors. I hereby accept the	e appointment	as registe	red agent. I a
familiar wit SNATURE _	th, and accept the obligations of, Sections, and accept the obligations of, Sections, and accept the obligations of, Sections, Standard, the obligations of sections of the obligations of, Sections of the obligations of the obligati	and the if applicable (DD)	NOTE: Registered   13.   1.1 Tr	Agent sig	ation's board	or orrectors. I hereby accept the	e appointment	as registe	red agent. I a
familiar wit	th, and accept the obligations of, Sections, and accept the obligations of, Sections, and accept the obligations of registered agent OFFICERS AND	and the if applicable (DD)	NOTE: Registered  13. 1.1 Ti 1.2 M² 1.3 ST	Agent sig	ignature required	or orrectors. I hereby accept the	e appointment	as registe	red agent. I a
familiar wit	th, and accept the obligations of, Sections, and accept the obligations of, Sections, and accept the obligations of, Sections, Signature, typed or printed name of registered agent OFFICERS AND DEBENS, MARK N.  9033 HAWTHORNE AVE SURFSIDE FL D	and the if applicable (DD)	NOTE: Registered  13. 1.1 Ti 1.2 No	Agent sig TILE AME REET ADD	ignature required	or orrectors. I hereby accept the	e appointment	as registe	red agent. I a
familiar wit	th, and accept the obligations of, Sections, and accept the obligations of, Sections of Se	on 607.0505, Florida Statut  and title if applicable ( DIRECTORS	NOTE: Registered   13.   1.1 Tr   1.2 N#   1.3 ST   1.4 Cr	Agent sig RTLE AME REET ADO IY-ST-ZI	ignature required	or orrectors. I hereby accept the	e appointment	as registe	red agent. I a
familiar wit	Signature, typed or printed name of registered agent OFFICERS AND D BERNS, MARK N. 9033 HAWTHORNE AVE SURFSIDE FL D BERNS, SOL C. 9033 HAWTHORNE AVE	on 607.0505, Florida Statut  and title if applicable ( DIRECTORS	13. 1.1 Tr 1.2 M 1.3 SI 1.4 CI 2.1 Tr 2.2 NA 2.3 SI	Agent sig ETLE AME REET ADD TY-ST-ZI TLE AME REET ADD	ignature required	or orrectors. I hereby accept the	e appointment	as registe	red agent. I a
familiar wit GNATURE	th, and accept the obligations of, Sections, and accept the obligations of, Sections of Se	on 607.0505, Florida Statut  and the diapplicable ( DIRECTORS  DELETE	INOTE: Registered  13. 1.1 Tr 1.2 No. 1.4 Cr 2.1 Tr 2.2 NA. 2.3 ST 2.4 Cr 2.4 Cr	Agent sig	ignature required	or orrectors. I hereby accept the	e appointment	as registe  ND DIREC  Chan	ored agent. I a
familiar wit GNATURE	Signature, typed or printed name of registered agent OFFICERS AND D BERNS, MARK N. 9033 HAWTHORNE AVE SURFSIDE FL D BERNS, SOL C. 9033 HAWTHORNE AVE	on 607.0505, Florida Statut  and title if applicable ( DIRECTORS	13. 1.1 Tr 12 Ar 1.3 ST 1.4 Ct 2 1 Tr 2 2 NA 2 3 ST 2 4 Cf 3 .1 Tr	Agent signification of the sig	ignature required	or orrectors. I hereby accept the	e appointment	as registe	red agent. I a
familiar witen famili	Signature, typed or printed name of registered agent OFFICERS AND D BERNS, MARK N. 9033 HAWTHORNE AVE SURFSIDE FL D BERNS, SOL C. 9033 HAWTHORNE AVE	on 607.0505, Florida Statut  and the diapplicable ( DIRECTORS  DELETE	13. 1.1 TI 12 Ad 1.3 SI 1.4 CI 2 1 TI 22 NA 23 SI 24 CI 3.1 TI 32 NA	Agent signification of the comportation of the	ignature required DORESS ZIP DDRESS	or orrectors. I hereby accept the	e appointment	as registe  ND DIREC  Chan	ored agent. I a
familiar wit	Signature, typed or printed name of registered agent OFFICERS AND D BERNS, MARK N. 9033 HAWTHORNE AVE SURFSIDE FL D BERNS, SOL C. 9033 HAWTHORNE AVE	on 607.0505, Florida Statut  and the diapplicable ( DIRECTORS  DELETE	13. 1.1 Ti 12 Ar 1.3 ST 1.4 CI 2 1 Ti 2 2 NA 2 3 ST 2 4 Cri 3 1 Ti 3 2 NA 3 3 ST	Agent signification of the control o	ignature required DORESS ZIP DORESS	or orrectors. I hereby accept the	e appointment	as registe  ND DIREC  Chan	ored agent. I a
familiar wit  GNATURE _  F  ME  EET ADDRESS  (* ST-ZIP  E  ET ADDRESS  - ST-ZIP  E  II  EET ADDRESS  - ST-ZIP  E  II  II  II  II  II  II  II  II  I	Signature, typed or printed name of registered agent OFFICERS AND D BERNS, MARK N. 9033 HAWTHORNE AVE SURFSIDE FL D BERNS, SOL C. 9033 HAWTHORNE AVE	on 607.0505, Florida Statut  and the diapplicable ( DIRECTORS  DELETE	13. 1.1 Ti 12 Ar 1.3 ST 1.4 CI 2 1 Ti 2 2 NA 2 3 ST 2 4 Cri 3 1 Ti 3 2 NA 3 3 ST	IAGORI SIGNIFICAME REET ADD ITY-ST-ZI ITLE IME REET ADD ITY-ST-ZI ITLE IME ITHE IME ITHE IME ITHE IME ITHE IME ITHE ITHE ITHE ITHE ITHE ITHE ITHE ITH	ignature required DORESS ZIP DORESS	or orrectors. I hereby accept the	e appointment	as registe  ND DIREC  Chan	ge Addit
familiar wit  GNATURE  .E  ME  EEI ADDRESS  (* ST-ZIP  E  HE  EEI ADDRESS  * ST-ZIP  E  HE  EEI ADDRESS  * ST-ZIP  E  HE  EEI ADDRESS  * ST-ZIP  E  HE  EEI ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D BERNS, MARK N. 9033 HAWTHORNE AVE SURFSIDE FL D BERNS, SOL C. 9033 HAWTHORNE AVE	and title if applicable (DIRECTORS)  DELETE  DELETE	13. 1.1 Ti 12 M² 1.3 ST 1.4 CI 2 1 Ti 2 2 NA 2 3 ST 2 4 Ci 3 1 Ti 3 2 NA 3 3 ST 3.4 CI	Agent signature  Agent signature  AME  AME  IREET ADD  ITY-ST-ZI  TLE  IME  IREET ADD  ITY-ST-ZI  TLE  IME  IREET ADD  ITY-ST-ZI  TLE  ITE  ITE  ITE  ITE  ITE  ITE  IT	ignature required DORESS ZIP DORESS	or orrectors. I hereby accept the	e appointment	as registe  ND DIREC  Chan	ge Addit
familiar wit  GNATURE _	Signature, typed or printed name of registered agent OFFICERS AND D BERNS, MARK N. 9033 HAWTHORNE AVE SURFSIDE FL D BERNS, SOL C. 9033 HAWTHORNE AVE	and title if applicable (DIRECTORS)  DELETE  DELETE	13. 1.1 Ti 12 NA 1.3 SI 2.1 Ti 2.2 NA 2.3 SI 2.4 Ci 3.1 Ti 3.2 NA 3.3 Si 3.4 Ci 4.1 Ti 4.2 NA	Agent signature  Agent signature  AME  AME  IREET ADD  ITY-ST-ZI  TLE  IME  IREET ADD  ITY-ST-ZI  TLE  IME  IREET ADD  ITY-ST-ZI  TLE  ITE  ITE  ITE  ITE  ITE  ITE  IT	ODRESS ZIP DDRESS ZIP	or orrectors. I hereby accept the	e appointment	as registe  ND DIREC  Chan	ge Addit
FAMILIAN WITE  SNATURE  E  E  E  E  E  E  F  T  A  D  F  E  F  F  F  F  F  F  F  F  F  F  F	Signature, typed or printed name of registered agent OFFICERS AND D BERNS, MARK N. 9033 HAWTHORNE AVE SURFSIDE FL D BERNS, SOL C. 9033 HAWTHORNE AVE	DELETE	NOTE: Registered   13.   1.1 Ti	Agent signification of the control o	DORESS DORESS DORESS DORESS DORESS DORESS	or orrectors. I hereby accept the	e appointment	as registe  ND DIREC  Chan  Chan	ge Addit
familiar wit  SNATURE _  F  AF  EET ADDRESS  (-ST-ZIP)  E  EET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D BERNS, MARK N. 9033 HAWTHORNE AVE SURFSIDE FL D BERNS, SOL C. 9033 HAWTHORNE AVE	and title if applicable (DIRECTORS)  DELETE  DELETE	13. 1.1 Ti 12 NA 1.3 Si 2.4 Cri 3.1 Ti 3.2 NA 3.3 Si 3.4 Cri 4.1 Ti 4.2 NA 4.3 Si 4.4 Cri 5.1 Till 5.1	Agent signification of the control o	DORESS DORESS DORESS DORESS DORESS DORESS	or orrectors. I hereby accept the	e appointment	as registe  ND DIREC  Chan	ge Addit
FAMILIAN WITE  SNATURE  F  SEEL ADDRESS  ST-ZIP  E  SEEL ADDRESS  ST-ZIP  E  F  F  F  F  F  F  F  F  F  F  F  F	Signature, typed or printed name of registered agent OFFICERS AND D BERNS, MARK N. 9033 HAWTHORNE AVE SURFSIDE FL D BERNS, SOL C. 9033 HAWTHORNE AVE	DELETE	13. 1.1 Ti 12 NA 1.3 SI 2.4 CR 3.1 Ti 3.2 NA 3.3 SI 4.4 CR 4.1 Ti 4.2 NA 4.3 SI 4.4 CR 5.1 Til 5.2 NA	Agent signification of the control o	DORESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP	or orrectors. I hereby accept the	e appointment	as registe  ND DIREC  Chan  Chan	ge Addit
FAMILIAN WILL  FER ADDRESS  (-ST-ZIP  E FI  EFI ADDRESS  -ST-ZIP  E FI  EFI ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D BERNS, MARK N. 9033 HAWTHORNE AVE SURFSIDE FL D BERNS, SOL C. 9033 HAWTHORNE AVE	DELETE	13. 1.1 Ti 12 NA 1.3 SI 4.4 CI 4.1 Ti 4.2 NA 4.3 SI 4.4 CI 5.1 Ti 5.2 NA 5.3 SI	Agent signification of the control o	DORESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP	or orrectors. I hereby accept the	e appointment	as registe  ND DIREC  Chan  Chan	ge Addit
familiar wit SNATURE _  F  Aff  EET ADDRESS  (-ST-ZIP)  E  EET ADDRESS  -ST-ZIP  E  E  ET ADDRESS  -ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D BERNS, MARK N. 9033 HAWTHORNE AVE SURFSIDE FL D BERNS, SOL C. 9033 HAWTHORNE AVE	DELETE	13. 1.1 Ti 12 NA 1.3 SI 4.4 CI 4.1 Ti 4.2 NA 4.3 SI 4.4 CI 5.1 Ti 5.2 NA 5.3 SI	Agord signification of the control o	DORESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP	or orrectors. I hereby accept the	e appointment	as registe  ND DIREC  Chan  Chan  Chan	pe Addit
familiar wit SNATURE _  F  ME  EEL ADDRESS (-ST-ZIP)  E  ME  EEL ADDRESS -ST-ZIP  E  EEL ADDRESS -ST-ZIP  EEL ADDRESS -ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D BERNS, MARK N. 9033 HAWTHORNE AVE SURFSIDE FL D BERNS, SOL C. 9033 HAWTHORNE AVE	DELETE  DELETE  DELETE  DELETE	13. 1.1 Ti 12 NA 1.3 SI 2.4 CRI 3.1 Ti 4.2 CRI 4.1 Ti 4.2 NA 4.3 SI 4.4 CRI 5.1 Ti 5.2 NA 5.3 STI 5.4 CRI 5.4 CRI 5.4 CRI 5.5 CRI 5.6 CRI 5.7	Agord signification of the control o	DORESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP	or orrectors. I hereby accept the	e appointment	as registe  ND DIREC  Chan  Chan	pe Addit
familiar wit GNATURE	Signature, typed or printed name of registered agent OFFICERS AND D BERNS, MARK N. 9033 HAWTHORNE AVE SURFSIDE FL D BERNS, SOL C. 9033 HAWTHORNE AVE	DELETE  DELETE  DELETE  DELETE	13. 1.1 Ti 12 No 1.3 SI 1.4 CI 2.1 Ti 2.2 NA 2.3 SI 2.4 CI 3.1 Ti 4.2 NA 4.3 SI 4.4 CII 5.1 Ti 5.2 NA 5.3 SII 6.1 Ti 6.2 NAI 6.1 Ti 6.2 NAI	Agord signification of the control o	DORESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP	or orrectors. I hereby accept the	e appointment	as registe  ND DIREC  Chan  Chan  Chan	pe Addit

SOI C. BERNS 4/15/96