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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 12 1997 8:00am Secretary of State

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Principal Place 599 LEXINGTO 26TH FLOOR NEW YORK NY US	N AVENUE	¥. 8	Mailing Address  * United Corporate Services Inc. 801 N.E. 167TH ST. STE. 300 NORTH MIAMI BEACH FL 33182-3729					3. Date Incorporated or Qualified 3s. Date of Last Report				
								01/28/1991			01/1996	opon
	lace of Business	<sub>1</sub>	. Mailing Address				4.	FEI Number	4.4	····	—	oplied For
Suite, Apt	#. etc.	26	Suite, Apt. #, etc					65-02721	••••		\$8.75	t Applicable
22	11, 2,50	27	,			* *	5.	Certificate of S	Status Desired			equired
City & State	6		City & State		· · · · ·		6.		aign Financing		\$5.00	
Z(p)	Country	, 28	Zip	т	Country	,		Trust Fund Co		<u> </u>		to Fees
24	25	29	]	30	0001117		} *	Florida Statute	on has liability for is	Intangita Yes	No No	. 199.032,
	9. Name and Addres	ss of Current Regi	stered Agent				10.	Name and Ad	idress of New R	egistered	Ageqt	
	ted corporate se	RVICES INC.			81	Name						
	N.E. 167TH ST.				82	Street A	Address (P	O. Box Number	er is Not Accepta	able)		
	TE 300	00400			83	ļ	<del></del>	····				
NUF	rth Miami Beach Fl	. 33162										****
•					84	City					85 Zip	Code
11. Pursuant I	to the previsions of Sect	ions 607.0502 and 6	607.1508, Florida S	tatutes, th			corporation	n submits this s	statement for the	purpose o	<b>.</b>	s registered
	to the previsions of Secti egistered agent, or both im familiar with, and acco Signification typid a provideance	of registered agent and titl	le it applicable.	(NOTE: Rep	ne above rized by Statutes	e-named of the corps.	required when	reinstating)		purpose of ept the ap	of changing it	
SIGNATURE	Signature typed or parred name		le if appiicable.	(NOTE: Reg	ne above rized by Statutes istered Age	e-named of the corps.	required when	reinstating)	statement for the ors. I hereby acco	purpose of ept the ap	of changing it pointment as	RS IN 12
SIGNATURE  12.  TILE	Signature hyped or proved name Of	of registered agent and titl FFICERS AND DIRE	le it applicable.	(NOTE: Reg	ne above rized by Statutes istered Age	e-named of the corps.	required when	reinstating)		purpose of ept the ap	of changing it	RS IN 12
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4. 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 tho received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Black 12 of Block 13 or hanged, or on an attraction with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

) 22-559-18