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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S31078

(6)

Principal Plac	TERR.	Mailing Address 8505 SW 181 TER,				
MIAMI FL 93187-2816		MIAMI FL 33157-6053				
US		US		3. Date Incorporated or Qualified	3a. Date of Last F	Report
				02/12/1991	08/23/1996	•
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	A	pplied For
21		26		65-0244137		ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional
City & State	^	City & State	·			equired
23	o .	28		Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	7ip	Country	8. This corporation has liability for		
24	25	29	30		Yes No	J. 100.00E.,
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New R	egistered Agent	
KOG	OVSEK, BARRY		81 Namo			
	00 SW 180 AVE		82 Street Add	lress (P.O. Box Number is Not Accepta	able)	· · · · · · · · · · · · · · · · · · ·
#38						
MIAI	MI FL 33186		83			
			84 City		FL 85 Zip	Code
41 Purcuent	to the provisions of Sections 607.05	02 and 607 1508. Florida Statuli	os the above named con	poration submits this statement for the		te registered
office or r	egistered agent, or both, in the State	e of Florida. Such change was a	authorized by the corpora	peration submits this statement for the tion's board of directors. I hereby acce	ept the appointment as	registered
	m tantinal with and accept the oblig	gations of Geodier 607.0505, Fic	onda Statutos,			
SIGNATURE	Signature, typed or printed name of registered as		E. Registered Agent signature requ		DATE	
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if approable. (NOT ND DIRECTORS			DATE	
SIGNATURE	Signature, typed or printed name of registered as OFFICERS AN	gent and title if approable. (NOT	E. Registered Agent signature requ	ired when (cinstating)	DATE	RS IN 12
SIGNATURE 12.	Signature, typed or pririted name of registered as OFFICERS AN PD KOGOVSEK, BARRY	gent and title if approable. (NOT ND DIRECTORS	E. Registered Agent signature requ	ired when (cinstating)	DATE ICERS AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or phirited name of registered as OFFICERS AN PD KOGOVSEK, BARRY 19800 SW 180 AVE #364	gent and title if approable. (NOT ND DIRECTORS	E. Registered Agent signature required 13.	ired when (cinstating)	DATE ICERS AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or pririted name of registered as OFFICERS AN PD KOGOVSEK, BARRY	gent and title if approachie. (NOT ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP	ired when (cinstating)	DATE ICERS AND DIRECTOF Change	RS IN 12
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