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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

0000 OW 102 AVE



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
Division of Corporations

DOCUMENT # S31502

(5)

Mailing Address

GOOD OW 102 AVE

KENDALL LEGAL ASSOCIATES, INC.

|        | FILED      |      |
|--------|------------|------|
| Jan 17 | 1997 8:0   | )0am |
| Secr   | etary of S | tate |
|        |            |      |

|--|--|--|

| SUITE 208<br>MIAMI FL 33176       |  | SUITE 206<br>MIAMI FL 33176-145   |   |                           |                           | Date Incorporated or Qualified   |  |                                   |  |
|-----------------------------------|--|---|---|---------------------------|---------------------------|--|--|-----------------------------------|--|
|                                   |  |   |   |                           |                           | 02/13/1991   | 03/18/199                                |                                   |  |
| 2. Principal Pl                   | lace of Business   | 2a. Mailing Address   | 3   |                           |                           | 4. FEI Number  | •  | Applied For                       |  |
| 21                                |  | 26  |   |                           |                           | 65-0243406   |  | Not Applicable                    |  |
| Suite Apt.<br><b>22</b>           | # etc  | Suite, Apt. #, et   | C.  |                           |                           | 5. Certificate of Status Desired   | 7  | Additional<br>Required            |  |
| Orty & State  23                  | 0  | C ty & State  |   |                           |                           | Election Campaign Financing     Trust Fund Contribution                                |  | May Be                            |  |
| Zıp                               | Country  | Ζiμ   | Cour  | itry                      |                           | 8. This corporation has liability for  |  |                                   |  |
| 24                                | 25   | 29  | 30  |                           |                           | Florida Statutes   | Yes A THO                                |                                   |  |
|                                   | 9. Name and Address of Curre   | ent Registered Agent  |   |                           |                           | 10. Name and Address of New Re   | gistered Agent                           |                                   |  |
|                                   | HAEL G. BASS, P.A.   |   |   | 81 1                      | Name                      |  |  |                                   |  |
| 890                               | 0 SW 107 AVE   |   | }   | 82                        | Street Addr               | ress (P.O. Box Number is Not Acceptab  | ole)                                     |                                   |  |
|                                   | TE 206   |   |   |                           |                           |  |  |                                   |  |
| MIA                               | MI FL 33176  |   |   | 83                        |                           |  |  |                                   |  |
|                                   |  |   | -   | 84                        | City                      |  | pg   7                                   | ip Code                           |  |
|                                   |  |   |   |                           | City                      |  | FL  85   Z                               | ih code                           |  |
| 11. Pursuant office or ragont 1 a | to the provisions of Sections 607.0f<br>egistered agent, or both lin the Sta<br>m familiar with, and accept the obli | i02 and 607,1508. Florida<br>to of Florida. Such change<br>gations of, Section 607 05 | Statutes, the ab<br>was authorized<br>05, Florida Stati | ove-r<br>I by tl<br>utes. | named corp<br>he corporat | poration submits this statement for the p<br>tion's board of directors. I hereby accep | ourpose of changin<br>of the appointment | g its registered<br>as registered |  |
| SIGNATURE                         | Signature specific printed has a wring denid a   | cort out billour account le   | INCXF Recustered  | Agent                     | signature requir          | red when reinstating)  | DATE                                     |                                   |  |
| 12.                               |  | ND DIRECTORS  | 13.   |                           |                           | ADDITIONS/CHANGES TO OFFIC   |  | ORS IN 12                         |  |
| TITLE                             | PDT  | ☐ DELE  | TE 11TH   | LE                        |                           |  | ☐ Chang                                  |                                   |  |
| NAME                              | BASS, MICHAEL G.   |   | 1 2 NA  | ME                        |                           |  |  |                                   |  |
| STREET ADDRESS                    | 8900 SW 107 AVE #206   |   | 1351  | REET AD                   | DDRESS                    |  |  |                                   |  |
| CiTY - ST - ZIP                   | MIAMI FL   |   | 14.00   | Y-ST-                     | 719                       |  |  |                                   |  |
| TITLE                             | SD   | DELE  |   |                           |                           |  | Chang                                    | e Addition                        |  |
| NAME I                            | Kobrin, David A  |   | 2 2 NA  | ME                        |                           |  |  |                                   |  |
| STREET ADDRESS 1                  | 8900 S.W. 107TH AVE., #20  | 6   | 2 3 STI   | REET AD                   | DORESS                    |  |  |                                   |  |
| CITY - ST - ZIP                   | MIAMI FL   |   | 2. 4 Ci   | TY-ST-                    | - ZiP                     |  |  |                                   |  |
| TITLE                             | VD   | DELE  | TE 3.1 TH   | LE                        |                           |  | Chang                                    | e 🔲 Addition                      |  |
| NAME                              | PATHMAN, RONALD C  |   | 3.2 NA  | ME                        |                           |  |  |                                   |  |
| STREET ADDRESS                    | 8900 S.W. 107TH AVE #206   |   | 3.3 STI   | REET AD                   | ODRESS                    |  |  |                                   |  |
| CITY - S1 - ZIP                   | MIAMI FL 33176   |   | 3.4. CI   | TY-\$1-                   | ZIP                       |  |  |                                   |  |
| TITLE                             |  | ☐ DELE  | TÉ 4.1 TIT  | ιE                        |                           |  | ☐ Chang                                  | e Addition                        |  |
| NAME                              |  |   | 4. 2 NA   | ME                        |                           |  |  |                                   |  |
| STREET ADDRESS                    |  |   | 4.3 \$11  | REET AC                   | DORESS                    |  |  |                                   |  |
| CITY-S1-ZP                        |  | _   | 4.4 CIT   | Y-\$1-                    | ZIP                       |  |  |                                   |  |
| TiTLE                             |  | DELE  | TE 5.1 TH   | LE                        | 7 "                       |  | ☐ Chang                                  | je Additior                       |  |
| NAME                              |  |   | 5 2 NA  | ME                        |                           |  |  |                                   |  |
| STREET ADDRESS                    |  |   | 5 3 \$1   | REET AT                   | DORESS                    |  |  |                                   |  |
| CITY: ST-ZP                       |  |   | 5.4 CIT   | Y-\$1-                    | ZIP                       |  |  |                                   |  |
| TITLE                             | The Ministra   | DELE  | TE 6.1 TIT  | LE                        |                           |  | Chang                                    | ge Addition                       |  |
| NAME                              |  |   | 6.2 NA  | ME                        |                           |  |  |                                   |  |
| STREET ADDRESS                    |  |   | 6.3 ST  | REET AL                   | DDRESS                    |  |  |                                   |  |
| CITY-S1-ZIP                       |  |   | 6.4 CH  | Y-81-                     | ZIP                       |  |  |                                   |  |

14. If 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. Further certify that the information indicated on this 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 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 changes, or our an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97 305-595-9300 Date Daving Phone #