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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S33217

(8)

BERNARD ALLEN, P.A.

Principal Place 13580 SW 98 P MIAMI FL 33176 US	LACE	Mailing Address 13560 SW 96 PLACE MIAMI FL 33176-6158 US	<u></u>	·····			
03		•			3. Date Incorporated or Qualified 02/21/1991	3a. Date of Last F 05/01/1996	leport
2. Principal Pl. 21	ace of Business	2s. Mailing Address	*******		4. FEI Number 65-0246733	A	pplied For ot Applicable
Suite, Apt 4	ŧ, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75	Additional equired
City & State	:	City & State			6. Election Campaign Financing		May Be
23 Zip	Country	28 Zip	Cou	ntru	Trust Fund Contribution		to Fees
24	25]	29	30	пшу	8. This corporation has liability for Florida Statutes	intangible tax under s Yes No	i. 1 99 .032,
	g. Name and Address of Curre		1551		10. Name and Address of New R	egistered Agent	
	en, Bernard			81 Name			
	O SW 98 PLACE			82 Street Addr	ress (P.O. Box Number is Not Accepta	ble)	
MIAN	AI FL 33176			83			-
							0
				84 City		FL 85 Zip	Code
SIGNATURE	n familiar with, and accept the oblig Signature (greater pointed name of registered a	pent and site it applicable (NC	TE: Ragislere	utes. d Agent signature requi		DATE DATE	00.01.40
12.	P\$T OFFICERS AF	ND DIRECTORS DELETE	13.	TI E	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 12 Addition
NAME	ALLEN, BERNARD	been	1.2 N			C Storigo	7,00,00
STREET ADDRESS	13560 SW 98 PLACE			REET ADDRESS			
CITY ST-ZIP	MIAMI FL		1.4 0	TY+ST-ZIP			
TIFEL	D	☐ DELETE	2117			Change	Addition
NAME STREET ADURESS	ALLEN, BERNARD 13560 SW 98 PLACE		22 N	AME Treet address			
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TIFLE	AS	DELETE		TLE		☐ Change	Additio
NAME	ALLEN, DEBRA		3.2 N	AME			
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CITY - ST - ZIP	MIAMI FL	DELETE	3.4. C 4.1 T(ITY-ST-ZIP		Change	Additio
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NAM			62 N	AME		_	
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CITY - S1 - Zat				TY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·
informatio Lam an of	n indicated on this armual report or	supplemental annual report is or the receiver or trustee empo	true and a wered to e ddress.	accurate and that execute this repo	d in Section 119.07(3)(i), Florida Statut t my signature shall have the same leg rt as required by Chapter 607, Florida	al effect as if made ur	nder oath; th

SIGNATURE: BULLUL SULLIN - BERNARD MURN - Phancht 4-27-97 305-282-0654