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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 02 1997 8:00am Secretary of State

| | IMENT # S56430 ILEYO, INC. | (9) | | | | |
|--|--|-----------------------------------|---------------------------------|---|----------------------------------|------------------------|
| Principal Place of Business Mailing Address 820 E. PARK AVENUE. SUITE F TALLAHASSEE FL 32301-2600 MIAMI BEACH FL 33140-2140 | | | 0 | | | |
| | | | 1 | s. Date Incorporated or Qualified 05/31/1991 | 3a. Date of Last I 06/25/1996 | Report |
| 2. Principa! | Piace of Business | 2a. Mailing Address | | 4. FEI Number | IA | pplied For |
| 21 | | 26 | ···· | 65-0271792 | | lot Applicable |
| Suite, Apt | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | T | Additional lequired |
| City & Sta | ate | City & State | | Election Campaign Financing Trust Fund Contribution | | May Be to Fees |
| 7 (p) | Country 25 | Zip | Country 30 | This corporation has liability for Florida Statutes | intangible tax under | s. 199.032, |
| | g. Name and Address of Current | | | 10. Name and Address of New Re | glatered Agent | |
| | LLEY, ALLAN | | 81 Name | n Keller | | |
| INT |) S.E. SECOND STREET 'ERNATIONAL PLACE, 18TH FLOO AMI FL 33131 | R | B2 Street Add | ress (P.O. Box Number is Not Acceptate South Biscayne B | ole) Lvd. Suite | 3460 |
| | | | 84 City Mia | mi, FL | - 1™L 3 ? | Code |
| SIGNATURE | Tollow X | I any title if applicable. (NOTE: | Hegistered Agent signature requ | | 3/25/97 | |
| 12. | I D | DELETE | 1.1 TITLE | ADDITIONS/CHANGES TO OFFICE | Change | Addition |
| NAME | RHOR, FRANK | | 1.2 NAME | | -5 | , |
| STREET ADDRESS | AAA PAAT AA ATREET | | 1.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | NEW YORK NY | | 1.4 CITY-ST-ZIP | | | |
| THIE | D | ☐ DELETE | 2,1 TOTLE | | ☐ Change | Addition |
| NAME | BURTON, MARC | | 2.2 NAME | | | ļ |
| SIKEET ADDRESS | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZiF | MIAMI BEACH FL 33140 | I Decete | 2.4 CITY+ST-ZIP | | T 65 | T Address |
| TITLE | | DELETE | 31 TITLE | 1 | Change | Addition |
| NAME CODECT ADDROGO | .} | | 3.2 NAME 3.3 STREET ADDRESS | } | | |
| STREET ADDRESS City-St-Zip | | | 3.4 CITY-ST-ZIP | 1 | | |
| TITLE | | DELETE | 4.1 TITLE | | Change | Addition |
| NAME | | | 4 2 NAME | | | |
| STREET ADDRESS | . (| | 4.3 STREET ADDRESS | | | |
| CITY - S1 - ZIP | 1 | | 4.4 CITY-ST-ZIP | | | |
| TITLE | T | DELETE | 5 1 TITLE | | Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | 1 | | 5 3 STREET ADDRESS | | | |
| Clin - 21 - 315 | | ····· | 5.4 CITY-ST-ZIP | | | |
| THILE | | DELETE | 6.1 TITLE | | Change | Addition |

6.4 CITY - ST - ZIP CITY-ST-ZIP 14. 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 angust 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 micropropration or the receiver or bustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if many tide, or on an attachment with an address.

6.3 STREET ADDRESS

6.2 NAME

SIGNATURE:

NAM:

STREET ACCRESS

0192830