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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILEL	)
Apr 25 1997	8:00am
Secretary o	f State

Principal Place of Business Mailing Address  5975 SUNSET DRIVE 505 SOUTH MIAMI FL 33143  (U)  Mailing Address  5975 SUNSET DRIVE SUITE 505 SOUTH MIAMI FL 33143							
				<ol> <li>Date Incorporated or Qualified 05/30/1991</li> </ol>	06/27	of Last Re 7/1996	eport
<del></del> 1	Place of Business	2a. Mailing Address 26		4. FEI Number 65-0268915			plied For t Applicable
Suite, Ap	it. #, elc	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75	<del></del>
2		27	<del> </del>			Fee Re	<del></del>
City & Sta 3	3fe	City & State		Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip	Country	8. This corporation has liability for i		x under s.	
4	25 g. Name and Address of Curre	29 ant Registered Agent	30	Florida Statutes  10. Name and Address of New Re	Yes		
Fis	SHER, MARSHALL E.	ili negistered Agent	61 Name	JU, Haille allo Addiess Of Her Ne	Aleratan va	In it	······································
96	55 SOUTH DIXIE HIGHWAY		82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	<del></del>	···
	JITE 300						
Mi	AMI FL 33156		83				
			84 City		FL	<b>85</b> Zip (	Code
	nt to the provisions of Sections 607.050 r registered agent, or both, in the State ann familiar with, and accept the oblig	e of Florida. Such change was gations of, Section 607.0505, F	s authorized by the corpora	ation's board of directors. I hereby accep	pi ine appoil	ntment as	redisietea
IGNATURE	Signature Apod or pointed name of registered ag		OTE: Registered Agent signature requ	uired when reinstating)	DATE		<del></del>
2.	Signature, typical or pointed name of registered ag OFFICERS AN	geor and title if applicable (NC ND DIRECTORS	DTE Registered Agent signature requ		DATE CERS AND D	DIRECTOR	IS IN 12
<b>2.</b> Uf	Signature: Upod or printed name of registrated agr OFFICERS AN  PST	genr and title if applicable (NC	DTE Registered Agent signature requirements 13.	uired when reinstating)	DATE CERS AND D		IS IN 12
L. UF	OFFICERS AN  PST NAHAS, HIAM	geor and title if applicable (NC ND DIRECTORS	DTE Registered Agent signature required 13.  1.1 TITLE  1.2 NAME	uired when reinstating)	DATE CERS AND D	DIRECTOR	IS IN 12
<b>2.</b> Luf Imb Ree I adores:	OFFICERS AN  PST NAHAS, HIAM	geor and title if applicable (NC ND DIRECTORS	DTE Registered Agent signature requirements 13.	uired when reinstating)	DATE CERS AND D	DIRECTOR	IS IN 12
E. UF ME REET ADDRES: (Y+ST-ZIP LF	OFFICERS AN  PST NAHAS, HIAM 10905 S.W. 165TH TERR. MIAMI FL D	geor and title if applicative (NC ND DIRECTORS	DTE Registered Agent signature required.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY - ST - ZIP  2.1 TITLE	uired when reinstating)	DATE CERS AND C	DIRECTOR	<del></del>
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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 it made under oal 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 changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE OF DIRECTOR