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

PROFIT **CORPORATION** ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S62165

(3)

FITTIPALDI EXECUTIVE CENTER INC

THE ALDI LALOUTEL OLIV	ILN, INO
rincipal Place of Business	Mailino Address

FILED Jul 03 1997 8:00am Secretary of State



				18:1 8:811 8:81 ¹ 8181 8181 8181 1881 1881
ncipal Place of Business Mailing Address		1 ISBULATA SAN ATURA DISABULA DELEN ATURA	EM 14 ANDAL GEGAL REALE MADIA MINISTE 1801	
950 S. Miami Ave. Miami Fl 33130	950 S. MIAMI AVE. MIAMI FL 33130-4121			
			3. Date Incorporated or Qualified 06/25/1991	3a. Date of Last Report 04/26/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0270070	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	٠	5. Certificate of Status Desired	\$8.75 Additional
22 City & Cross	27]	·		Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24 25		Country	8. This corporation has trability for in	
9. Name and Address of Current	Registered Agent	30	Florida Statutes 10. Name and Address of New Rec	Yes No
GUERRIERI, DANIEL 950 S MIAMI AVE MIAMI FL 33130	<u>*</u>	81 Name 82 Street & 83 84 City	Peter Vanwitch gricks (PBeidlumber): Not Aceptable 100 Beidlumber): Not Aceptable 100 Beidlumber): Not Aceptable	e) # 550
dd Dwynni da tha anaidin a d Od o Carrotta	1007 4500 54 41 54 4		<u>liami</u>	- FL 2'8/37
11. Pursuant to the provisions of Scitton, 607,0502 office or registered agent or both, in the State cagent. I am familiar with, artifaction the obligations of the control of the obligation of the control of the cont	and 607.1508, Florida Statules of Florida. Such change was au ions of, Section 607.0505, Flori	s, the above-named c ithorized by the corpo ida Statutes.	orporation submits this statement for the pure pration's board of directors. I hereby accep	rpose of changing its registered the appointment as registered
SIGNATURE		· ·	ها الم	24 97
Signature, lyped or A rild, name of registered agent 12. OFFICERS AND		Registered Agent signature /	aquired when reinstatung) ADDITIONS/CHANGES TO OFFICE	DATE *
TITLE P	DELETE	1.1 1ITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME FITTIPALDI, EMERSON		1.2 NAME		Shango C Austrion
STREET ADDRESS 950 SOUTH MIAM AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP MAMI FL				
TITLE SD	DELETE	2.1 TILLE	lice President Daniel Goodstadt 1505, Miani Ave.	Change Moddilion
NAME DIAZ-ARROYO, ELIZABETH	/ \	2.2 NAME 7	Social Goodstapt	
STREET ADDRESS 950 S MIAMI AVE		23 STREET ADDRESS	850'S, MIANI AVE	
CITY-ST-ZIP MIAMI FL 33130		2. 4 CITY-ST-ZIP	MAMI, FL 33130	
TITLE	DELETE	31 TITLE		Change Addition
NAME		3.2 NAME		<u> </u>
STREET ADDRESS		3 3 STHEET ADDRESS		
CITY-ST-ZIP		3.4. CITY - ST - 7IP		
TITLE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		_
CITY-ST-ZIP		4.4 CITY - ST - 7(P		- . l
TITLE	DELETE	5.1 TITLE		☐ Char ☐ Addition
NAME		■		KU
STREET ADDRESS		5.2 NAME		
1		5.2 NAME 5.3 STREET ADDRESS		7,3
CITY-ST-ZIP				13
TITLE	DETETE	5.3 STREET ADDRESS	30000223	13 Addition
] DÉTÉTE	5.3 STREET ADDRESS 5.4 CHTY-ST-ZIP	30000223: -07/03/970109	13 D3d Stange Addition
TITLE	DETETE	5.3 STREET ADDRESS 5.4 CHY+S1-ZIP 6.1 THLE	30000223 -07/03/970109 ***550.00	13 D3d Stange Addition 6017

on supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the report or supplemental annual leport is true and accurate and that my signature shall have the same legal effect as if made under oath; that poralism or the true of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I do nerouy certify that the months of special supplemental and information indicated on this artiful report or supplemental and I am an officer or director of the exporation or the regiver of appears in Block 12 or Block 13 changed, or or an attachment