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

COR ANNU	PROFIT PORATION JAL REPORT 1997	FLORIDA DEPARTI Sandra B. Secretary DIVISION OF CO	Mortham of State	Apr 07 1997 8:00am Secretary of State
DOCUN 1. Corporation CMB-TE		(6)		
Principal Place of Business Mailing Address ** LILLY Y.W. BOURGUIGNON			3. Date Incorporated or Qualified 3a. Date of Last Report 3. Date of Last Report	
21	ace of Business	2e. Mailing Address		07/01/1991 04/12/1996 4. FEI Number Applied For Not Applicable
Suite, Apt 22 City & State	THE STATE OF THE S	Suite, Apt. #, etc. 27 City & State		5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be
23 <u>Zip</u> 24	Country 25	28	Country	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
1070 Miai	9. Name and Address of Curren PRQUIGNON, LILLY Y. W. 10 SW 67 CT. MI FL 33156		83 B4 City	Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code corporation submits this statement for the purpose of changing its registered
office or neagent. La: SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was au ations of, Section 607.0505, Flori	thorized by the corp da Statutes.	oration's board of directors. I hereby accept the appointment as registered
12.	Structure Typed or pieced done of rightered age OFFICERS ANI	D DIRECTORS	Registered Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THE NAME STREET ADDRESS CHY-SL 7IP TITLE NAME STREET ADDRESS	D BOURGUIGNON, LILLY Y. W. 10700 SW 67 CT. MIAMI FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	Change Addition
CDV-ST-ZP TILE NAME STREET ADDRESS CHV-ST-ZP		☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	Change Addition
THE NAME STREET LADDRESS CITY-SE-ZIP		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-2IP	Change Addition
THEE NAME STREET ADDRESS CHY: ST. Ze:		DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
THUE NAME STREET ADDR::SS CITY::S1:-ZiP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 annual 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 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 13 if changed, or on an attachment with an address.

SIGNATURE:

FILED

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