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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 04 1997 8:00am

Secretary of State

(954) 564-5962

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # \$72065

(3)

Principal Place	CA, INC.	Mailing Address				
1901 N ATLANT		1901 N ATLANTIC BL	٧ħ	-		
7E	·-	7E		ļ		
FT LAUDERDALE FL 33305		ft lauderdale fl	FT LAUDERDALE FL 33305-3748			
					 Date Incorporated or Qualified 08/06/1991 	3a. Date of Last Report 03/21/1996
r	ace of Business	2a. Mailing Address			4. FEI Number 65-0281849	Applied For
Suite, Apt	# etc	Suite, Apt #, etc			0070201048	Not Applicable \$8.75 Additional
22		27			Certificate of Status Desired	Fee Required
City & State)	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zιρ η	Country	Zip	Country		8. This corporation has liability for	
24	9. Name and Address of Curre	29 ant Registered Agent	30		Florida Statutes 10. Name and Address of New F	Yes No
RAF	FALSKI, GERHARD		81 Na	ame	10,	
	NW 13TH STREET		82 Str	root Addron	s (P.O. Box Number is Not Accept	abla
	NTATION FL 33322		92 50	reet Adures	S (P.O. DOX NUMBER IS NOT Accept	acie)
			83			
			84 Cit	tv		85 Zip Code
				•		FL ` \
11. Pursuant t office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stati ni familiar with, and accept the oblig	.02 and 607.1508, Fiorida S .e of Florida Such change i	Statutes, the above-nar was authorized by the	med corpora corporation	ation submits this statement for the	e purpose of changing its registered cept the appointment as registered
agent Far	ni familiar with, and accept the obliq	gations of Section 607.050	5, Florida Statutes.		a board or directors. Thereby acc	
SIGNATURE						
SIGNATURE	Skjuature, typed or prehed name of registered ag		5, Florida Statutes. (NOTE Registered Agent sign			DATE
SIGNATURE	Stipusore, typed or prehed name of registered at OFFICE AS AN	gent and title. Lapplicable.	(NOTE Registered Agent sign		when reinstating)	DATE
SIGNATURE	Stiputure, typed or prehed name of registered at OFFICE AS AND TO RAFFALSKI, GERHARD	gent and title. Lapplicable. ND DIRECTORS	(NOTE Registered Agent sign		when reinstating)	DATE FICERS AND DIRECTORS IN 12
SIGNATURE 12. TILF	Signature, Typed or project name of registered at OFFICE RS AND RAFFALSKI, GERHARD 7781 NW 13TH STREET	gent and title. Lapplicable. ND DIRECTORS	(NOTE Registered Agent sign 13. E 1.1 TITLE	nature required (when reinstating)	DATE FICERS AND DIRECTORS IN 12
SIGNATURE 12. 1 ILF NAME STHEEL ADDIESS CITY - S1-7/P	OFFICE RS AND OF	gent and title: Lappicable. ND DIRECTORS DELETE	(NOTE Registered Agent big: 13. E 1.1 TITLE 1.2 NAME 1.3 STREET ADDR! 1.4 CITY-\$T-ZIP	nature required of	when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition
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SIGNATURE 12. THE NAME STREELADDRESS CITY-SL-7/P THLE NAME	D RAFFALSKI, GERHARD 7781 NW 13TH STREET PLANTATION FL D HUSGEN, DIETER 1901 N. ATLANTIC BLVD 7E	gent and title: Lappicable. ND DIRECTORS DELETE	13.	nature required of the second	when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition
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14. Ide 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 eath, 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