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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S84356

(2)

FILED
May 05 1997 8:00am
Secretary of State

IME VINTAGE HEALTY GHOUP, INC.	
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Principal Place of Business Mailing Address								
1601 JEFFERSON AVENUE 1601 JEFFERSON AVENUE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-7602								
MINIMI DENOTITE GOTOS	MI.	INAI DENOIT LE COTO A	~~					
					3. Date incorporated or Qualified 10/02/1991	3a. Date of 06/04/1		
2. Principal Place of Busines	├	. Mailing Address			4. FEI Number		Applied For	
21	26				65-0292253		Not Applicable	
Sulte, Apt. #, etc.	27	Suite, Apt. #, etc.			6. Certificate of Status Desired		3.75 Additional Fee Required	
L '	City & State City & State		6. Election Campaign Financing		5.00 May Be			
23 Zip	Country	Zip Country		Trust Fund Contribution				
24 25	, , <u> </u>				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	nd Address of Current Regis	stered Agent	1991		10, Name and Address of New F			
KLINGHOFFER, T	EDDY D.		8	Name ,	TOM SHERMAN, ESQ.			
2200 MUSEUM T			6:	Street Addr	ess (P.O. Box Number is Not Accepte	able)		
150 WEST FLAGE	er street				218 Almeria Avenue			
MIAMI FL 33130		//	8	3				
		//	84	4 City		85	Zip Code	
		/-/		<u></u>	Coral Gables	FL	33134	
 11. Pursuant to the provision office or registered ager 	ns of Sections 607.0502 and to nt, or both, in the State of XX	607/1508, Florida Statut i <u>da</u> Such change was	es, the abor authorized b	ve-named corp by,the corporati	oration submits this statement for the ion's board of directors. I hereby acc	purpose of char ept the appointm	iging its registered ient as registered	
agent. I am familiar with.	, and accept the obligativis	607.0505, FI	orida Statuti	77.	· · · (C)	aba	IND	
SIGNATURE Signature typed of	printed name of registered again and title	d nightcable (NO)	L. Bug stered A	M NU J	MUS 6. Shen MNN	DATE	197	
12.		CTORS	13.	1	ADDITIONS/CHANGES TO OFF	ICERS AND DIR	ECTORS IN 12	
TITLE D		DELETE	1.1 TITLE				Change Addition	
NAME POLAKOFF			1.2 NAME					
	ERSON AVENUE		1.3 STREE	T ADDRESS				
CITY-ST-ZIP MIAMI BEA	UH FL	Decem	1.4 CITY				T 440	
TITLE		DELETE	2.1 TITLE			LJ	Change [Addition]	
NAME			2.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY 3.1 TITLE				Change Addition	
NAME			3.2 NAME	i			- ·0·	
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP			3.4. CITY	1				
TITLE		DELETE	4.1 TITLE				Change	
NAME			4. 2 NAM	E				
STREET ADDRESS			4.3 STREE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY -	ST-ZIP				
TITLE		DELETE	5.1 THTLE			البا (Change [] Addition	
NAME			5.2-NAME	l l			}	
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP	·	☐ DELETE	5.4 CHY-			<u> </u>	Change Addition	
TITLE		☐ VELCTE	61711LE			L) (winde FT Manyloli	
NAME			6.2 NAME					
PETROCET AMPRICACE			CONTRE	CLADDOCCO L				
STREET AOORESS CITY-ST-ZIP			6.3 STREE	ET ADDRESS				

1. 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 12 or Block 13 if changed, or on an attachment with an address.

CICHATURE

4/15/157

538-1118