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

PROFIT CORPORATION NNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham,

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$85013

(8)

Principal Piac 610 N.W. 1838 STE. 6 MIAMI FL 3316	O STREET	Mailing Address 610 N.W. 183RD STREET STE. 6 MIAMI FL 33169-4472			
US		US		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal P	Nace of Business	2a. Mailing Address		10/03/1991 4. FEI Number	04/10/1996 Applied For
21 17440 NW 2nd AVENUE		26 17440 NW 2nd AVENUE		65-0300591	Not Applicable
Scite: Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional
City & State		City & State		R. Floation Compains Cinnesian	Fee Required
23 MIAMI	FLORIDA	28 MIAMI FLORI	DA .	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
₂₄] 3316	• V		USA USA		Yes No
	Name and Address of Current IER, CARL S.	Hedisteled Adeut	81 Name	10, Name and Address of New Re	Jistered Agent
730	B WEST ATLANTIC BLVD. RGATE FL 33063		62 Street Addr 7380	S. PITTER ess (P.O. Box Number is Not Acceptable WEST ATLANTIC BLVD.	
	-		64 City NA	ROATE	FL 85 Zip Code 33063
11. Fursuant office or ragent La	to the provisions of Sections 607.0502 egistered agent, or both, in the State c im familiar with, and accept the obligat	and 607.1508, Florida Statutes of Florida. Such change was au ions of, Section 607.0505, Flori	the above-named corp thorized by the corporat da Statutes.	oration submits this statement for the p ion's board of directors. I hereby accep	
SIGNATURE					
12.	Signature: Specific printed name of registered agent OFFICERS AND		Registered Agent signature require 13.	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE PERS AND DIRECTORS IN 12
TILE	D	DELETE	1.º TITLE	ADDITIONS OF IANGES TO OTT TO	Change Addition
NAM	NELSON, LENFORD		1.2 NAME	NELSON, LENFORD	
STREET ADDRESS:	610 NW 183RD STREET, STE. (3	1.3 STREET ADDRESS	17440 NW 2nd AVENUE	3
CHY-ST-70P	MIAMI FL	- Dr. trr	1.4 CITY - ST - ZIP	MIAMI, FL. 33169	Α
Tili;€		DELETE	2.1 TITLE		Change Addition
NAME STREEF ACORDS			2.2 NAME 2.3 STREET ADDRESS	•	
City \$1-26			2.4 CITY-ST-ZIP		
THLE		OELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
Cify - S1 - 7IP			3.4. CITY-ST-ZIP		
HILE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STHEET ADDRESS			4.3 STREET ADDRESS		
CHY-\$1-7-2		☐ DELETE	4.4 CiTY - ST - ZIP		Change
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME STREET ACIDRESS			5.2 NAME		
CHY \$1-72			5.3 STREET ADDRESS		
mit Tur 21- <i>to</i> .		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAM!		British and a series of	6.2 NAME		Fig. 51000 BA Fig. 100001011
STREET ADDRESS			6.3 STREET ADDRESS		

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-76

LENFORD NELSON

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 12 or Block 13 if changed or an attachment with an address. (305)655-3105

FILED

May 19 1997 8:00am

Secretary of State