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

PROFIT CORPORATION ANNUAL REPORT

1997

THE

NAME

STREET ADDRESS

SIGNATURE:

CHY-SI-20



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$88346

(9)

STARKMAN & MAGOLNICK, P.A.

FILED Apr 24 1997 8:00am Secretary of State

Change

Addition

Principal Plac	ce of Business	Mailing Address		T HANSAN ON THE OURSE OF STATE OF THE OFFI	DIMUL MUMEN MEMON ANNON MUMIN MINIS (AN)
150 WEST FLAGLER STREET SUITE 2701 MIAMI FL 33130		150 WEST FLAGLER STREE Suite 2701 Miami Fl 33130-1558	त		
US		US		3. Date Incorporated or Qualified 10/18/1991	3a, Date of Last Report 05/01/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 100		et 26 100 5E Suite, Apt #, etc.	and Stred	65-0284856	Not Applicable
Language and the contract of t	700	27 3700		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta 23 M Va	m) FL	City & State 28 Miam	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33	Country 25 Dad		Country Dade		Yes No
		Current Registered Agent		10. Name and Address of New Re	gistered Agent
MAGOLNICK, JOEL S.			B1 Name	81 Name	
	150 WEST FLAGLER STREET			82 Street Address (P.O. Box Number is Not Acceptable)	
	ITE 2100		83		·•
MIA	MI FL 33130				
			84 City		FL 85 Zip Code
office or agent 1.	registered agent, or both, in than familiar with, and accept the		uthorized by the corpora rida Statutes. Registered Agent signature requ	rporation submits this statement for the pation's board of directors. I hereby acception of the patient of the	of the appointment as registered
12.		ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
HILE	PD	☐ DELETE	11 TITLE		Change Addition
NAME	STARKMAN, JAY	TF 4400	1.2 NAME		
STREET ADORESS		HE. 2100	1.3 STREET ADDRESS		
CHY-ST-ZIF	MIAMI FL 33130	DELETE	1.4 CITY - ST - ZIP 2.1 TiTLE		Change Addition
NAME	MAGOLNICK, JOEL S.	Lind Decem	2.2 NAME		ET overige ET visevou
STREET AEDRESS	ARREST PLACERS AT A	STE. 2100	2.3 STREET ADDRESS		
Citr-S1-7IP	MIAMI FL 33130		2.4 CITY+ST-ZIP		
TI"LF	TS	☐ DELETE	31 TITLE		Change Addition
NAME	STARKMAN, ROXANA M		32 NAME		
STREET ADDRESS		STE. 2100	3.3 STREET ADDRESS		
CITY - SI - 7IP	MIAMI FL 33130	05.555	3.4 CITY-ST-ZIP	,	T ALL STREET
TITLE		DOEFELE	4.1 TITLE		Change Addition
NAME express appropriate			4. 2 NAME		
STREET ADDRESS	·		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
101,F		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		build - Check	5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CHY-\$1.78			5.4 CiTY - ST - 7IP	•	

DELETE

61 TITLE

62 NAME 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 on an attachment with an address.