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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S96159

Mailing Address

I. STERN, INC.

Principal Place of Business

(6)	
\ _/	

FILED May 07 1997 8:00am Secretary of State



169 E. FLAGLE 1036 MIAMI FL 3313 US		1100 S. FEDERAL HWY SUITE 4 BOYNTON BEACH FL 334 US	35-5650			3, Date Incorporated or Qualified		of Last R	eport	
						11/21/1991	05/24	1/1996		
	ace of Business	2a. Mailing Address				4. FEI Number			phied For	
21	26				65-0298975 Not Applic					
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	· · · · · · · · · · · · · · · · · · ·	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country 25	Z ₁ p	Cou 30	nlry		This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes 🔲 No			
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent				
	DER, LAWRENCE D.			81	Name					
	B S.E. THIRD AVENUE			82	Street Add	ress (P.O. Box Number is Not Acceptabl	e)			
FOR	RT LAUDERDALE FL 33316			83						
				84	City		FL	85 Zip (Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE										
	Signature, typed or printed name of registered agoni OFFICERS AND			1 Age	int signature requ		DATE.	UDECTOR	00 161 12	
TITLE	D OFFICERS AND	DELETE	13. 1.1 IIILE			ADDITIONS/CHANGES TO OFFICE		Change	Addition	
NAME	STERN, ISAAC	becer.	1.2 NAME)		_	_ change		
STREET ADDRESS	169 E. FLAGLER ST. #1036		1.3 STREE		ADDRESS				5	
CITY-ST-ZIP	MIAMI FL				1					
TITLE	D	DELE 1E	21 101		11.511			Change	Addition	
NAME	STERN, LESLIE	_	22 NA		1			_ •		
STREET ADDRESS	189 E. FLAGLER ST. #1036				ADDRESS				Ĭ	
CITY-ST-ZIP	Miami fl				ST-ZIP					
TITLE		☐ DELETE	3 1 TII					Change	Addition	
NAME	3.2 N		3.2 NA	JME						
STREET ADDRESS			3.3 \$1	REET	ADDRESS					
CITY-SY-ZIP			3.4 CI						İ	
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NAME			4. 2 N	AME					Ì	
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NAME		5.2 N		ME						
STREET ADDRESS		5.3 \$			ADDRESS					
CITY-ST-ZIP			5.4 CI	TY-S	T-ZIP					
TITLE		DELETE	6.1 111	ΓLE			L	Change	Addition	
NAME			6.2 NAME						1	
STREET ADDRESS	6.35			REET	ADDRESS					
CITY-ST-ZIP	6.4.0			1Y-S	T-ZIP					

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

4/3/65