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 # S97652

(9)

| WAYNE | BLOCK, P.A. | Mailing Address | | | |
|-----------------------|--|---|--|---|--|
| 9300 S DADELAND BLVD | | 9300 S DADELAND BLVD | | | |
| SUITE 308 | | SUITE 308 | | Í | |
| MIAMI FL 33156 US | | MIAMI FL 33156-2718 US | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| US | | Ų3 | | 12/04/1991 | 05/16/1996 |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | ·, | 65-0304788 | Not Applicable |
| Suite, Apt a | #, etc | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 City & State | | City & State | | | Fee Required |
| 23 | : | 28 | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 23] Zip | Country | Zip | Country | 8. This corporation has liability for in | |
| 24 | 25 | 29 | 30 | | Yes No |
| | 9. Name and Address of Cur | rent Registered Agent | | 10. Name and Address of New Reg | jistered Agent |
| BLO | CK, WAYNE B. | | 81 Name | | |
| 9300 | S DADELAND BLVD | | 82 Street Addr | ess (P.O. Box Number is Not Acceptable | e) |
| | E 308 | | | | |
| MIAN | AI FL 33156 | | 83 | | |
| | | | 84 City | 11.00 | 85 Zip Code |
| | | | | oration submits this statement for the pu | FL 63 20 Code |
| SIGNATURE 12. III F | Stp. at no. topod or purber came of nigotierd OFF ICERS | AND DIRECTORS | E Registered Agent signature requirement 13. | ed when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE ERS AND DIRECTORS IN 12 Change Addition |
| NAME | BLOCK, WAYNE B. | ביין טבנבונ | 1.2 NAME | | LT Culturing LT vocation |
| STREET ADDRESS | 600 BLUE RD | | 1.3 STREET ADDRESS | | |
| 0115 - \$1 - ZiP | CORAL GABLES FL | | 1.4 City-ST-ZIP | | |
| 1011 | | ☐ DELETE | 21 TillE | | Change Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | • | |
| CIBY-ST 20F | | | 2 4 CITY-ST-ZIP | | |
| 1:114 | | DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| HALIF | | | 3.2 NAME | | |
| STHELL ADDRESS. | | | 3 3 STREET ADDRESS | | |
| CITY ST 70P | | T Spirts | 3.4 City-St-ZiP | | Chores Laddy- |
| TITL: | | ☐ DEL€TE | 4.1 TITLE | | Change Addition |
| NAME: | | | 4. 2 NAME | • | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| Citri St-7iP | | DELETE | 4.4 CITY-ST-ZIP 5.1 TITLE | | Change Addition |
| NAM | | hand ye area to | 5.2 NAME | | |
| STREET ADDRESS | | | 5 3 STREET ADDRESS | | |
| Of Vist-Zer | | | 5.4 City+ST-ZIP | | |
| DI.F | | ☐ DELETE | 6.1 TITLE | ************************************** | Change Addition |
| HAME | | | 6.2 NAME | | |
| STREET ADDRESS. | | | 6.3 STREET ADDRESS | | |
| CHY-SU 7IP | , | | 6.4 CITY-ST-ZIP | | |
| 14. Ldo bereb | by certify that the information support | olied with this filing does not quality | ty for the exemption stated | I in Section 119.07(3)(i), Florida Statutes my signature shall have the same legal | . I further certify that the |
| Lam as of | finder or director of the corporation h Block 12 or Block 13 if changed | n or the receiver or trustee empoy | vered to execute this repor | t as required by Chapter 607, Florida St | atutes; and that my name |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24 1988

FILED

May 12 1997 8:00am

Secretary of State

365 670-8057

Daytime Phone #