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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED
Apr 10 1997 8:00am
Secretary of State

	1997	DIVISIO			<u></u>		
DOCUMENT # S98478 (8) JOEL HEIMSOHEN ASSOCIATES, INC.							
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Principal Place of Business Mailing Address					E TRASFOLD DIN DULDE ANDSE ADDRES FAMOUR HAS	IL MEDEE MEEDIC DEMEN UTBIL I	INDAL ALDIA SERI
777 NW 72ND AVENUE 777		MIAMI MERCHANDI 777 NW 72ND AVE					
			MIAMI FL 33126-3009		3. Date incorporated or Qualified 3s. Date of Last Report		
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z. Principa: P	tace of Business	2a, Mailing Addres	SS		4. FEI Number 65-0302683	<u> </u>	Applied For Not Applicable
Suite, Apl.	#, elc.	Suite, Apt. #, e	etc.	·····-		\$8.7	5 Additional
		27			5. Certificate of Status Desired		e Required
City & Stat	e	City & State			6. Election Campaign Financing		00 May Be
	Cambridge	28	T 6-1	·	Trust Fund Contribution		led to Fees
Zip ∡}	Country 25	Zip	30 Cour	iu y	This corporation has liability for Florida Statutes	rintangible tax und Yes XI No	er s. 199.032,
4]		f Current Registered Agent			10. Name and Address of New R		
LEVI	NE, ROBERT J	<u></u>		81 Name			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1110 BRICKELL AVENUE SEVENTH FLOOR				82 Street Add	dress (P.O. Box Number is Not Accepta	ıble)	······
MIAI	MI FL 33131		1	83			
•			Į.	84 City 85 Zip Code			Zip Code
	•		i	84 City		200	
11. Pursuant office or ragent ha	to the provisions of Sections registered agent, or both, in t im familiar with, and accept the	607.0502 and 607.1508, Florida he State of Florida. Such chang he obligations of, Section 607.0:	Statutes, the ab	ove-named cor	rporation submits this statement for the ation's board of directors. I hereby acception	purpose of changi	na its registered
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4. 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; the Lam an officer or director of the corporation out he receive/nor 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 in an all phoment with an address.

SIGNATURE:

SUNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-264-0020