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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 22 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V04153

appears in Block 12 or Block 13 if changed, or

SIGNATURE:

(5)

INVESTMENT MANAGEMENT ASSOCIATES OF SOUTH FLORID A, INC.

STATE   COUNTY   STAT				· · · · · · · · · · · · · · · · · · ·			BIBIL BIBIL BIBIL BIBIL BIB	)) <b>8) 5</b> () <b>((6)</b>
SUITE 100 CORAL GABLES FI. 30146  CORAL GABLES FI. 30146  CORAL GABLES FI. 30146  2. Principal Place of Reviews.  2. A Mailing Address S. 2. A Mailing Address S. 4. FEI Number of Control of Reviews.  Suite April R. etc.  Suite April R. etc.  Suite April R. etc.  Suite April R. etc.  City & Suite  City & Country  City & Suite  City & Sui	Principal Place of Business Mailing Address							
COMMITTED   CONTROL   CO		NACIO						
2. Perceipel Place of Business 2. A Mailing Address 2. Perceipel Place of Business 3. Cell Conflow State 3. Ce		ES FL 33146		000				
Solic Apt 8, etc.    2	OCIVIL OFFICE							
Size Act. 1, etc.    Surior, Apr. 4, etc.	2. Principal I	Place of Business	2a. Mailing Address		T-7170 LL.		7	Applied For
CRY & STATE   27   Cly & State   27   Cly & State   28   Cly & State   29   Cly & State	21		26		65-0304382	r0304382 Not Applical		
Process   Proc	Suite Apt. #, etc.		Suite, Apr. #, etc.		5 Certificate of Status Desired			
28	22					S. Continuate of States Booling	Feel	··········
Country   Zp   2p   30			<u></u>					
9. Name and Address of Current Registered Agent  SKRID, INC. 201 ALHANBRA CIR SUITE 1102 CORAL GABLES FL 33134  183  194  101  102  103  104  104  105  105  105  105  105  105		Country		Countr		_ <del></del>		
SKRLD, INC. 201 ALHAMBRA CIR SUITE 1102 CORAL GABLES FL 33134  182 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607 0502 and 607 1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent. or both, in the bare of florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent. or both, in the bare of florida Statutes, the above named corporation's board of directors. I hereby accept the depointment as registered office or registered agent. or both, in the bare of florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent. I mile to the provisions of Section 607,0505, Florida Statutes, the above named corporation's board of directors. I hereby accept the depointment as registered agent. I mile to the provisions of section of the purpose of changing its registered agent. I member with an advantage of the purpose of changing its registered agent. I mile to the purpose of changing its registered agent. I mile to the provisions of sections of the purpose of changing its registered agent. I have been depointment as registered agent. I have been		├ŋ ´	L '	<u> </u>		_   · · · · · · · · · · · · · · · · · ·		s. 199.032,
SKRLD, INC.  201 ALHAMBRA CIR SUITE 1102 CORAL GABLES FL 33134  82 Street Address (F.O. Box Number is Not Acceptable)  83 Street Address (F.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  85 Interest Address (F.O. Box Number is Not Acceptable)  85 City FL 85 Zip Code  86 City FL 85 Zip Code  87 City FL 85 Zip Code  88 Zip Code  89 City FL 80 Zip Code  89 City FL 80 Zip Code  89 City FL 80 Zip Code  80 Zip Code  80 Zip Code  80 Zip Code  81 Zip Code  81 Zip Code  83 Zip Code  84 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  80 Zip Co	24			<u> </u>				
201 ALHAMBRA CIR SUITE 1102   28   Street Address (P.O. Box Number is Not Acceptable)   SUITE 1102   28   Street Address (P.O. Box Number is Not Acceptable)   SUITE 1102   28   Street Address (P.O. Box Number is Not Acceptable)   SUITE 1102   SUITE 1	SKI			81	Name	75777		
SUITE 1102 CORAL GABLES FL 33134  11. Fursions to the provisions of Sections 607 0102 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing late registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing late registered agent and implication with a corporation of control of discounts of sections 607 05005. Florida Statutes, the above-named corporation submits this statement for the purpose of changing late registered agent and implication of control of				L		,		
B3				82	Street Add	dress (P.O. Box Number is Not Acceptab	I <del>0</del> )	
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 agent, or both, in the State of Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered agent and an accept the obligations of Section 607 0505. Florida Statutes.    SIGNATURE				83	83			
The provisions of Sections 607 05/02 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, or both, in the State of Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. The state of the state	•						T. 1	
STREET ADDRESS   STRE				84	City		F1 85 Zip	Code
DELETE	SIGNATURE	Stgrature, typed or pented name of registered	agent and tille if applicable (NOTE:	Registered Ap		uired when reinstating)	DATE	
NAME   SHEPPARD, RALPH   12 NAME   13 STREET ADDRESS   175 SAN IGNACIO   13 STREET ADDRESS   1.4 CITY-SI-7P				***************************************				
1575 SAN IGNACIO   1.8 STREET ADDRESS   1.4 CITY-ST-2P   CORAL GABLES FL		SHEPPARD, RALPH	_	1				
DELETE   DVS   DELETE   2.1 TITLE   Change   Addition		JETE OAN JONAOIO						
DELETE   DVS	CITY - S1 - ZIP	CORAL GABLES FL		1.4 City-St-ZIP				
1575 SAN KANACIO CORAL GABLES FL   23 STREET ADDRESS   24 CITY-ST-ZIP		<del></del>		2.1 TITLE			☐ Change	Addition
CORAL GABLES FL	NAME			2.2 NAME				
TITLE	STREET ADDRESS			2.3 STREE	T ADDRESS			
NAME	CITY-ST-7IP			·-				
STREET ADDRESS			T"T DELETE	1			L! Change	Addition
STREET ADDRESS   STRE								
DELETE				i				
NAME							I Change	Addition
STREET ADDRESS CITY-ST-ZIP  MILE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP  MAME STREET ADDRESS CITY-ST-ZIP  5.4 CITY-ST-ZIP  TITLE DELETE 6.1 TITLE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS				1			L CHARRE	HIGHIUM L
CITY-ST-ZIP								
INTLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIF         5.4 CITY-ST-ZIP           TITLE         DELETE         61 TITLE           NAME         62 NAME           STREET ADDRESS         6.3 STREET ADDRESS			DFLETE				Channe	Addition
STREET ADDRESS  CITY-ST-ZIF  TITLE  DELETE  61 TITLE  NAME  STREET ADDRESS  63 STREET ADDRESS  53 STREET ADDRESS  64 CITY-ST-ZIP  Change Addition Addition Addition Addition Addition			F-1 5555.5					,
CITY-S1-ZIF         5.4 CITY-S1-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         Change         Addition           STREET ADDRESS         6.3 STREET ADDRESS         Change         Addition								
TITLE DELETE 61 TITLE Change Addition  NAME 62 NAME  STREET ADDRESS 6.3 STREET ADDRESS				1	]			
NAME 62 NAME 63 STREET ADDRESS 6.3 STREET ADDRESS			DELETE			· · · · · · · · · · · · · · · · · · ·	Change	Addition
STREET ADDRESS 6.3 STREET ADDRESS			<del></del>	1				
					1			
CHY-SY-ZIP 6.4 CHY-SY-ZIP	CITY-ST-ZIP							

14. I do hereby certify that the information supplied with this filling 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 trusted removered to execute this report as required by Chapter 607, Florida Statutes; and that my name