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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V04214

(5)

FILED May 19 1997 8:00am Secretary of State

Principal Place 1700 PONCE D CORAL GABLE	DE LEON BLVD.	Mailing Address 1700 PONCE DE LEON 9 CORAL GABLES FL 3315			VIII. (1941) VIII. (1941)	
				3. Date incorporated or Qualified 01/06/1992	3a. Date of Last F 04/19/1996	Report
	lace of Business	2a. Mailing Address		4, FEI Number 65-0304147		pplied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	······································		<u>¢0 75</u>	ot Applicable Additional
22	•	27		5. Certificate of Status Desired		equired
City & State	е	City & State		6. Election Campaign Financing		May Be
23		28	1 6	Trust Fund Contribution	· · · · · · · · · · · · · · · · · · ·	to Fees
Zip 24	Country 25	Z (p)	Country 30	8. This corporation has liability for i	ntangibie tax under :] Yes 🏻 No	s. 199.032,
!4	g. Name and Address of Currer		[30]	10. Name and Address of New Re		
ALH	IADEFF, E. RICHARD		81 Name			
2200	0 MUSEUM TOWER		82 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
150 W. FLAGLER STREET						
MIAI	MI FL 33130		83			
			84 City		FL 85 Zip	Code
		COLUMN CONTRACTOR	authorized by the corpora	ation's board of directors. I hereby accep	ot the appointment as	s registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NO	Florida Statutes. DTE: Registered Agent signature requ	rporation submits this statement for the p ation's board of directors. I hereby accep uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO	RS IN 12
SIGNATURE 12. THE	Styrature typod or printed name of registered ag OFFICERS AN	jent and title f applicable (NC	DTE: Registered Agent signature requirements 13.	vired when reinstating)	DATE	RS IN 12
SIGNATURE 12. TILE NAME	Signature, typed or printed name of registered eg OFFICERS AN D CATARINEAU, JOYCE E.	pant and little # applicable (NO ID DIRECTORS DELETE	OYE: Registered Agent algnature required. 13. 1.1 TRILE 1.2 NAME	vired when reinstating)	DATE ERS AND DIRECTO	RS IN 12
SIGNATURE 12. THE NAME STREEL ADDRESS	Styrulure, typed or printed name of registered eg OFFICERS AN D CATARINEAU, JOYCE E. 1700 PONCE DE LEON BLVD.	pant and little # applicable (NO ID DIRECTORS DELETE	TE. Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	vired when reinstating)	DATE ERS AND DIRECTO	RS IN 12
SIGNATURE 12. THE NAME STREET ADDRESS CHY-ST-ZIP	Signature, typed or printed name of registered eg OFFICERS AN D CATARINEAU, JOYCE E.	pant and little # applicable (NO ID DIRECTORS DELETE	OYE: Registered Agent algnature required. 13. 1.1 TRILE 1.2 NAME	vired when reinstating)	DATE ERS AND DIRECTO	RS IN 12
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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 charged, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-97

183-4100 Daytime Phone #