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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

		1997		To the second	DIVISION O	F CORPOR	ATIONS		~	,00101	ar y	OI St	.acc
[OCUN Corporation L & H SI			D8886 CIALTIES, IN	(6) NC.								
)) 944) 146) 141)	
Principal Place of Business 2023S NORTHEAST 12TH AVE THIAMIDET FL 33179 USA					Mailing Address 4600 SE 17TH ST AM DLAUDERDALE FL 33316-1735				i IIII i i ii i i ii ii i)	AI eid ii eidii aabii :	
	n				US A				3. Date Incorp 01/24/199	orated or Qualifi		Date of Last R 4/15/1996	eport
2. 21	Principal Pt	ace of Busir	iess	AVENUE	28. Mailing Address 26 CoGAUBER A	MASS.	CIATIES. P	.A.	4. FEI Number 65-0284			Ar	oplied For ot Applicable
22	Suite, Apt	uite, Apt #, etc.			Suite, Apt. #, etc. 27 160 Southbast 1745Heer, Suite 30			- 1		f Status Desired		,	Additional equired
23	City & State	MIAMI	BEAC	A	City & State 28 FoRT				Election Campaign Financing Trust Fund Contribution Added to Fees				
Zip 24			Count	AZČ	Zip 29	(Co)	untry		8. This corpora	ation has liability utes	for intenglit	ble tax under s	. 199.032,
		9. Name	and Addre	ess of Current I	Registered Agent				10. Name and	Address of Nev	Registere	d Agent	
11	office or re	egistered ac	ent, or bot	h, in the State of	and 607 1508, Florida Sta I Florida Such change wa	as authorize	ed by the corpo	n+ corpora	MIAM ation submits thing 's board of direct	BEACH s statement for totors. I hereby a	he purpose	65 Zip.	Code 79 Is registered registered
S	agent. Lar IGNATURE	n familiar wi	th, and acc	cept the obligation	ans of, Section 607.0505,	Florida Sta	itutes.						
12		Signature, Typed		o of registered agent a DEFICERS AND I		13.	ed Agent signature re	required (HANGES TO O	DATE FEICERS AL		3S 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 eport 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 opporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 11 I changed or man attack men address.

6.4 CITY - ST- ZIP

City-St-ZiP

FILED

Apr 10 1997 8:00am

Secretary of State