FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANIX	1996			tary of State CORPORATIONS		
DOCU 1. Corporati	JMENT #	V18831	(0)			
ADAM	Mah investme	NT, CORP.				
Dringing Dies	no of Chairman					
	ce of Business	ŗ	Mailing Address		1	ni rama mamir dsiner dirint dilait dindi Walli (94)
5951 SW 8			5951 SW 88 ST.			
MIAMI FL :	33156		MIAMI FL 33156 US		Date Incorporated or Qualified	3a. Date of Last Report
	Dings of Division				03/05/1992	05/16/1995
21 595	Place of Business 7 SW 86	PS+ 26	i. Mailing Address 595/SM	1 88.5+	4. FEI Number	Applied For
Suite, Apt.			Suite, Apt. #, etc.	000	65-0333189	Not Applicable
22 City 8 Cta		27		**	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	iAMI 7	-ん 28	City & State	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 ラ 3/		untry	33156	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,
24 057		29 Idress of Current Regis		30	Florida Statutes Yes 10, Name and Address of New R	
REDTI	Maria T.			81 Name		
	Maria I. 10 Kendall Drivi	Ē		82 Street	Address (P.O. Box Number is Not Acceptab	le)
SUFFE	303	-		83 5	951 N. KenDAll I) 0 110
MIAMI	FL 33156			B4 Gity	1 . NENDAIL I	
11. Pursuant	to the provisions of S	ections 607,0502 and 60	7.1508, Florida Statute	s, the above-parand of	proporation submits this statement for the pure	FL 33/56
or register familiar wi	red agent, or both, in ith, and accept the ob	the State of Florida. Suci digations of, Section 607.	n change was authorize 0505, Florida Statutes.	ed by the corporation's	proparation submits this statement for the purple board of directors. Thereby accept the appo	intment as registered agent. I am
SIGNATURE						
12.	ogranae, gpeo e printed na	OFFICERS AND DIREC		E: Pegishered Agent is gnature in		DATE DATE
TITLE	PRASI DEA		[] DELETE	1. 1 7/TLE	ADDITIONS/CHANGES TO OFFR	Change Addition
NAME CTOTAL ADDRESS	BERTI, MARIA			1.2 NAME.		
STREET ADDRESS CITY-ST-ZIP	5951 N. KEND			13 STREET ADDRESS	diani 1 22	ا سر
TITLE	MIAMI FL 3316	<u> </u>	[] DELETE	1.4 СПY-S1-ZIP 2.1 THLE	NIANI, FL 331	
NAME			L	2.2 NAME		Change Addition
STREET ADDRESS				2.3 STREET ADDRESS		
CITY-ST-7IP				2.4 CBY- \$1-7P		
TITLE NAME			DELETE	3. 1 TITLE		Change Addition
STREET ADDRESS				3.3 NAME 3.3 STREET ADDRESS		
CHTY-ST-ZIP				3.4 CHY-ST-ZIP		
TOTE			[] DELETE	4 1 1111.8		Change Addition
NAME.				4.2 NAME		
STREET ADDRESS				4.3 STREEL ADDRESS		'
CITY-ST-ZIP TITLE			FT herete	4.4 CITY - ST - ZIP		
NAME			DELETE	5. THEF		Change Addition
STREET ADDRESS				5.2 NAME 5.3 STREET ADDRESS		
CITY-SI-ZIP				5.4 CITY-S1-2IP		
TITLE			DELETE	6 I TITLE		Change Addition
NAME				6.2 NAME		
STREET ADORESS			•	6 3 STREET ADDRESS		
CITY-ST-ZIP				6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 13 in changed, or on an attachment with an address.

MARIA T. BERT

SIGNATURE: SIGNATURE AND TYPE DOR PRATTED NAME OF SIGNING OFFICER OF DIRECTOR

PRESIDENT 1+28-91 1465-8918
Date Daytine Phone k