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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V29849

(9)

FILED

Mar 13 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address 1525 W 27TH ST SUNSET II MIAMI BEACH FL 33140 US MAILING Address Mailing Address 1525 W 27TH ST SUNSET II MIAMI BEACH FL 33140-4210 US				3. Date Incorporated or Qualified 3a. Date of Last Report			
A Different D	1000 AC D. 1010				04/14/1992	02/16/1996	
2, Principal P	lace of Business	2a. Mailing Address			4. FEI Number 65-0346154	1 - -	Applied For Not Applicable
Sulte, Apt.	#. etc.	Suite, Apt. #, etc.				_ ¢0.75	Additional
22		27			5. Certificate of Status Desired		Required
City & State	9	City & State			6. Election Campaign Financing		May Be
23		28		·	Trust Fund Contribution		to Fees
Zip 24	Country	Zip	Country 30	y	8. This corporation has liability for i	ntangible tax under 1 Yes - 17 No	s. 199.032,
[4]	Name and Address of Curre	29 ont Registered Agent			Florida Statutes 10. Name and Address of New Re		
O A	SER, CLAUDIA		81	Name		<u> </u>	
	i Flamingo dr						
	W 27TH ST SUNSET II		82	Street Ade	dress (P.O. Box Number is Not Acceptab	10)	
	MI BCH. FL 33140		83		. '	· · · · · · · · · · · · · · · · · · ·	
			84	City		Jan 1 7	Orde
1		•	04	City		FL 85 Zip	Code
SIGNATURE		ND DIRECTORS	13.	ent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO	PRS IN 12
TITLE .	PST	DELETE	1.1 TITLE			☐ Change	Addition
NAME	GLASER, CLAUDIA		1.2 NAME		,		
STREET ADDRESS	1525 W 27TH ST, SUNSET II			1 ADDRESS			
CITY-ST-ZIP	MIAMI BCH. FL	DELETE	1.4 CITY -	ST-ZIP		- Change	Addition
NAME	GLASER, ROLF	C DECENE	2.1 TITLE 22 NAME			☐ Change	Addition
STREET ADDRESS	1525 W 27TH ST, SUNSET II			T ADDRESS			
CITY-ST-ZIP	MIAMI BCH. FL		2.4 CITY-		•		1
TITLE		DELETE		31 111		Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY+\$T-ZIP			3.4. CiTY-	S1-ZIP			
TITLE		☐ DELETE	4.1 TITLE	İ		Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS	•			T ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CHY-	ST - ZIP	<u> </u>	Change	Addition
NAME		L) Detter	•	ŀ		□ cualige	- Anoilion
STREET ADDRESS			5.2 NAME	T ADDRESS			
CITY-ST-ZIP			5.3 STREE 5.4 DITY-	ſ			
TITLE		DELETE		01 * L II		☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			B .	T ADDRESS			
CITY-ST-ZIP	*• .		6.4 CITY-				
	ov certify that the information supplied	ed with this filing does not			ed in Section 119 07(3)(i) Florida Statutes	I further portify the	t tho

I do nereby certify that the information supplied with this liting does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. Turther 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 changed, or on an attachment with an address.

SIGNATURE:

Cul

FER 13,87 305 6730983