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

May 07 1997 8:00am Secretary of State

1997

DOCUMENT # V322

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(0)

Principal Place of Business Mailing Address 5455 S.W 8TH ST. P.O. BOX 330044 SUITE 205 COCONUT GROVE FL 33233-0044 MIAMI FL 33134 US															
US										3. Date incorporated or Qualified 04/23/1992	3a. Date of Last Report 05/01/1996			7	
-	Principal Place of Business				2e. Mailing Address					4. FEI Number	1 00/		plied For	_	
21	Suite, Apt #, etc.				Suite, Apt. #, etc.					65-0331889			ot Applicable	4	
22	Suite, Apt	#, etc.		27	27				5. Certificate of Status Desired		\$8.75 / Fee Re				
	City & State	9			City & State					6. Election Campaign Financing			May Be	1	
23				28		· · · · · · · · · · · · · · · · · · ·				Trust Fund Contribution		Added			
24	Zip					30 Co	Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes					
24	9. Name and Address of Current				egistered Agent				10. Name and Address of New Registered Agent					+	
	BLACK, ROBERT J. 81 Name														
4500 LE JEUNE ROAD								Street /	Addres	ss (P.O. Box Number is Not Acceptable	e)			-	
CORAL GABLES FL 33146														_	
							83								
							84	City		· · · · · · · · · · · · · · · · · · ·	FL	85 Zip I	Code	1	
11	. Pursuant t	to the provis	sions of Sections 607.0502	2 and 6	07.1508, Florida Statut	es, the a	above	-named	corpo	ration submits this statement for the po		changing it	s registered	-	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing in office or 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												registered			
1	GNATURE .										_				
12		Signature, types	d or printed name of registered ager OFFICERS AND			E Rogister	ed Age	nt signature	Deviupes	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DIDECTOR	C 11 10	┤⋩	
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14	. I do hereb	y certify than	It the information supplied	with th	nis filing does not qualit	fy for the	exer	mption st	ated in	n Section 119.07(3)(i), Florida Statutes	I further	certify that	the		

1. For hereby certify that the information supplied with this filing does not quality 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 changed, or on an attachingent with an address.

SIGNATURE

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