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

FILED May 08 1997 8:00am Secretary of State

1. Corporation 1718, IN	IC.	(0)			
Principal Place of Business 3700 BATTERSEA RD MIAMI FL 33133		Mailing Address 3700 BATTERSEA RD MIAMI FL 33133-6702		4 (400) 4 (400) 6 (400) 6 (400) 6	r graft might minit drokt 41911 01011 11001
				3. Date Incorporated or Qualified 07/09/1992	3a. Date of Last Report 01/24/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		65-0350215	Not Applicable \$8.75 Additional
22	w, 910.	27		5. Certificate of Status Desired	Fee Required
Clty & State	6	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No
	g, Name and Address of Curren			10. Name and Address of New Re	
370	GGS, HERBERT A III O BATTERSEA RD MI FL 33133		81 Name 82 Stroot / 83	Nancy K. Briggs Address (P.O. Box Number is Not Acceptal 3700 Battersea Roa	d d
			B4 Cily	Miami	FL 85 Zip Code 33133
SIGNATURE.	Taxw X Y			corporation submits this statement for the poration's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered -28-97
<u> </u>	Signature, typed or printed name of registered age		ncy K. Bri Registered Agent signature		DA1E
12.	OFFICERS AN	D DIRECTORS DELETE	13. 1.1 TUTLE	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
NAME	BRIGGS, HERBERT A III	•••	1.2 NAME		En our do En visous.
STREET ADDRESS	3700 BATTERSEA RD	Deceased	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-7IP		
TITLE	D Briggs, Nancy K	☐ DELETE	2.1 TITLE	President	Change Addition
NAME Street address	3700 BATTERSEA RD		2.2 NAME 2.3 STREET ADDRESS	Briggs, Nancy K.	
CITY-ST-ZIP	MIAMI FL 33133		2 4 CITY-S1-ZIP	3700 Battersea Rd Miami, FL 33133	
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DECER	3.4, CITY-ST-ZIP		Change Addition
TIFLE		☐ DELETE	4.1 TiTLE		☐ Change ☐ Addition
NAME Street address			4.2 NAME 4.3 STREET ADDRESS		,
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TO LE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 \$TREET ADDRESS		
CITY-ST-ZIP		·····	5.4 CITY- ST- ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	by cartify that the information supplier	d with this filing does not qualif	64 CITY-S1-ZIP	rated in Section 119.07(3)(i). Florida Statute	as I further certify that the

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