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	CONTRACTOR OF THE PARTY OF THE	DIVISION OF C	OHPOHA	TIONS					
DOCUI	MENT # V5	1471	(3)							
	MIAMI, INC.									
DOG O	THE WALL THE					A KRONT OTTOOR DELANT OLDER AND	17 ACES) B(B)) (0 (0)) 	Diāli idāi	
Principal Place	of Business		Mailing Address 1374 NE 163RD STREET N. MIAMI BEACH FL 33162-4623			. I SAMIL ALÍMAL ALSAS HÍAN AIAM INDAN MI	te Militer Militer e	Nimis manti minit i	Billi ifibi	
1374 NE 163RD N. MIAMI BEAC										
It minim och	71 7 L 9010L	US								-,
						3. Date Incorporated or Qualified 3a. Date 07/17/1992 05/01/			eport	}
2. Principal P	lace of Business	2a. N	failing Address			4, FEI Number	1 00/		plied For	$\frac{1}{1}$
21		26	J			65-0346848			t Applicable	1
Suite, Apt	#, etc	├ ─¬	uite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75]
22		27	ity & State			<u> </u>		Fee Re		-
City & State 23	<i>:</i>	28	ily o Siale			6. Election Campaign Financing Trust Fund Contribution	m [°]	\$5.00 Added t		1
23] Zip	Country		ip	Cour	otry	8. This corporation has liability for	r intangible			1
24	25	29		30		Florida Statutes	☐ Yes ◀	≰ No		
		s of Current Registe	red Agent		Off Alices	10. Name and Address of New R	egistered	Agent		-
GLU	CK, ROBERT			Į'	B1 Name		·	·		_
	O BISCAYNE BLVD.			[82 Street Add	dress (P.O. Box Number is Not Accepta	ible)			1
	TE 780 ITH MIAMI FL 33181			h	B3	<u> </u>	***************************************			1
11011	(1) I MINARI I C CO IO I			[•	-Andr			6 -1.	1
4					B4 City		FL	-	Code	-
11. Pursuant I	to the provisions of Secti	ons 607.0502 and 607	.1508, Florida Statuti	es, the ab	ove-named cor	rporation submits this statement for the ation's board of directors. I hereby according to the control of the c	purpose o	of changing it	s registered	1
agent La	in familiar with, and acce	ppt the obligations of,	Section 607.0505, Flo	orida Statu	ites.	allor a board of directors. Thereby acci	ppi ino apt	JOHILI HOLLI WAS	registered	
SIGNATURE	Signature, typed or printed name	of the object of the des	netable IAPAT	C: Paginlaud	Ament cionaluse encu	uired when reinstating)	DATE			
12.		FICERS AND DIRECT		13.	Agent signature rect	ADDITIONS/CHANGES TO OFF		D DIRECTOR	S IN 12	18
THE	PVTS		DELETE	1.1 1)1(.E			Change	Addition	٦ð
NAME	GLUCK, BARRY S			1.2 NAM	ME					2
STREET ADDRESS	7921 NW 29TH ST			1.3 STR	EET ADDRESS					ĺř
CiTY+ST-ZiP	MARGATE FL		DELETE		Y-ST-ZIP			Change	Addition	٩į
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lii,F			DELETE	3.1 7170		77.74		Change	Addition	1
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THEF			☐ DELETE	4.1 TITL		•		☐ Change	Addition	1
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CITY-ST-ZiF				4	Y-ST-ZIP					1
THE			DELETE	5.1 7(1)				Change	Addition	7
NAME				5.2 NA	ME					ļ
STREET ADDRESS				5.3 STR	REET ADDRESS					
CITV - \$1 - ZIP					Y-ST-ZIP					1
TITLE			DELETÉ	61 117)			Change	Addition	
NAME				6.2 NA						
STREET ADDRESS				4	REET ADDRESS					
CiTY - ST - ZIP				6.4 CIT	Y-ST-ZIP					┛

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 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

ATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRE

CLUCKE 4/W/97 305-944-148

FILED

May 02 1997 8:00am

Secretary of State