## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

	UAL REPORT Secretar		• Mortham y of State CORPORATIONS	Secretary of State	
DOCUM 1. Corporation	MENT # V67582		on changes		ZJEJI BIBIJ BIBIJ BIBIJ BIBIJ BIBIJ GER
10930 SW 143	Principal Place of Business Mailing Address  10930 SW 143RD CT.  MIAMI FL 33186 MIAMI FL 33186 US  US			DO NOT WRITE I	
2. Principal Pi	lace of Business	2a, Mailing Address		3. Date Incorporated or Qualified  09/25/1992 4. FEI Number	<b>3a</b> , Date of Last Report <b>05/29/1996</b> Applied For
21 11740 Sulte, Apt. 6	SW 112 Lane	26 11740 SW Suite, Apt. #, etc.	112 Lane	65-0411745  5. Certificate of Status Desired	Not App icable  \$8.75 Additional Fee Required
City & State 23 MIQ /	nl, FL.	City & State .	=L.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<sup>Zip</sup> 3318	25 U.SA 9. Name and Address of Current		30 U.S.	This corporation owes or has paid     Personal Property Tax due June 3     Name and Address of New Reg	0. Yes No
100 MIAI	ROTS, FERNANDO  10 SW 147 CT.  MI FL 33196  to the provisions of Sections 607.0502 spistered agent, or both, in the State of	r and 607. 1508, Florida Statule of Florida Such change was a	83 84 City	ress (P.O. Box Number is Not Acceptable poration submits this statement for the pution's board of directors. I hereby accept	FL 85 Zip Code
SIGNATURE	m familiar with, and accept the obligation of the state o		rida Statutes.  Registered Agent signature requi		DATE
12. TITLE NAME STREET ADDRESS	PVS GERDTS, FERNANDO 10010 SW 147 CT.	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12  Change Addition
TITLE NAME STREET ADDRESS	MIAMI FL TD GERDTS, FERNANDO 10010 SW 147 CT.	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADORESS	MIAMI FL	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		☐ Change ☐ Aridition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DÉLETÉ	3.4. CITY- ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Addilion
TITLE NAME STREET ADDRESS		☐ DEL€TE	5.4 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Acidition
14. 1 do hereb information	y certify that the information supplied n indicated on this annual report or A ficer or director of the corporation of n Block 12 or Block 13 managed of	ipplemental angoal report is a	for the exemption stated	l in Section 119.07(3)(i), Florida Statutes. my signature shall have the same legal t as required by Chapter 607, Florida Sta	I further certify that the affect as if made under cath; that stutes; and that my name

**FILED** 

Sep 09 1997 8:00am