


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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90146 003 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 522259**

1. Corporation Name  
**ROBERT S. MANDEL, P.A.**

Principal Place of Business 7100 N. KENDALL DRIVE SUITE 210 MIAMI FL 33156-7839 US	Mailing Address 7100 N. KENDALL DRIVE SUITE 210 MIAMI FL 33156-7839 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9700 S. Dixie Highway Suite, Apt. #, etc. 22 Suite 1020 City & State 23 Miami, FL 33156-2865 Zip Country 24 33156-2865 25 USA	2a. Mailing Address 26 9700 S. Dixie Highway Suite, Apt. #, etc. 27 Suite 1020 City & State 28 Miami, FL 33156-2865 Zip Country 29 33156-2865 30 USA
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3. Date Incorporated or Qualified <b>12/09/1976</b>	4. FEI Number <b>59-1705731</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**MANDEL, ROBERT S ESQ**  
**7100 N. KENDALL DRIVE**  
**SUITE 210**  
**MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name <b>MANDEL, ROBERT S. ESQ.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>9700 South Dixie Highway</b>
83 <b>Suite 1020</b>
84 City <b>Miami</b>
85 Zip Code <b>FL 33156</b>

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 its registered 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 registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Robert S. Mandel* **Robert S. Mandel, President** April 20, 1999

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MANDEL, ROBERT S 7100 N. KENDALL DRIVE #210 MIAMI FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANDEL, RONA C 7100 N KENDALL DRIVE #210 MIAMI FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD MANDEL, ROBERT S. 9700 S. Dixie Highway, Suite 1020 Miami, FL 33156-2865	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	S MANDEL, RONA C. 9700 S. Dixie Highway, Suite 1020 Miami, FL 33156-2865	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE: *Robert S. Mandel* **Robert S. Mandel** April 20, 1999 305-670-0671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)