

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 03 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L39519 (8)
 1. Corporation Name
 OLIVER LANGSTADT, P.A.



Principal Place of Business: 5761 SW 89TH COURT MIAMI FL 33173
 Mailing Address: 5761 SW 89TH COURT MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 12/26/1989
 4. FEI Number: 65-0170926 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 LANGSTADT, OLIVER
 815 PONCE DE LEON BOULEVARD
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City FL B5 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	LANGSTADT, OLIVER	
STREET ADDRESS	5761 SW 89 COURT	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LANGSTADT, OLIVER	
STREET ADDRESS	5761 SW 89 COURT	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	600002605488
5.3 STREET ADDRESS	-08/03/98--01076--029
5.4 CITY-ST-ZIP	***150.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: _____

CR2E034 (5/98)

Handwritten initials and date: 8-3

Handwritten number: 461-5667

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RODRIGUEZ LANGSTADT & AGUERO

Attorneys at Law
A Partnership of Professional Associations

Minervino Rodriguez, Jr.
Oliver J. Langstadt
Gladys Aguero

815 Ponce De Leon Boulevard
Second Floor
Coral Gables, Florida 33134
Telephone: (305) 461-5667
Telefax: (305) 461-4885

22 July, 1998

Secretary of State
Division of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314

RE: OLIVER LANGSTADT, P.A.
DOCUMENT #L39519

Dear Sir or Madam:

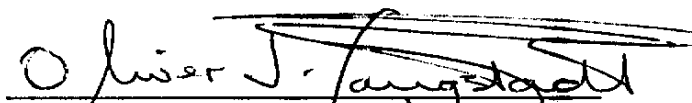
Please be advised that I am the registered agent for Oliver Langstadt, P.A. Please be advised that I never received, via mail, the first request to file an annual report which required a filing fee of \$150.00. I acknowledge receipt of the second request for annual report, but, such second request requires a filing fee of \$550.00. In light of the fact that I did not receive the first request for annual report and, I have not changed my address in the last two years, I can only assume that the mail never reached me, or that the documents were lost in the mail.

In light of such, it is respectfully requested that my client be permitted to pay the sum of \$150.00 as the annual report filing fee, rather than the \$550.00 requested.

Thank you for your kind cooperation in this matter and should you have any questions or concerns, please do not hesitate to contact me.

RODRIGUEZ LANGSTADT & AGUERO

OJL:al


OLIVER J. LANGSTADT, ESQUIRE