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Feb 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04744

1. Corporation Name
REGIS HOUSE, INC.

Principal Place of Business 2010 N.W. 7TH STREET MIAMI FL 33125 US	Mailing Address 2010 N.W. 7TH STREET MIAMI FL 33125 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/17/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2446131
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PEREZ-LERENA, FRANCISCO S.J. 13339 SW 9TH TERR. MIAMI FL 33184		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL
		85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ-LERENA S. J., FRANCISCO	1.2 NAME	
STREET ADDRESS	13339 SW 9TH TERR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORTADA, XAVIER	2.2 NAME	RUANO, ROBERT J.
STREET ADDRESS	3621 SW 3RD AVE	2.3 STREET ADDRESS	9130 S. Dadeland Blvd., Ste. 1400
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ-BURGOS, MARCO A.	3.2 NAME	SUAREZ-BURGOS, MARCO A.
STREET ADDRESS	200 S.W. 30TH ROAD	3.3 STREET ADDRESS	200 S.W. 30th ROAD
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ-LEARRA, FRANCISCO	4.2 NAME	ANDUX, MIGUEL SR.
STREET ADDRESS	1420 S BAYSHORE DR APT 908	4.3 STREET ADDRESS	780 N.W. LE JEUNE RD., Ste. 417
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRUZA, GUILLERMO	5.2 NAME	DEL VALLE, FRANCISCO
STREET ADDRESS	421 AURELIA AVENUE	5.3 STREET ADDRESS	2825 Granada Blvd., Apt.# 1-A
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	CORAL GABLES, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAZAR, MARIA TERESA	6.2 NAME	
STREET ADDRESS	901 HARDEE RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	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 617, 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: _____ DATE: 01-11-99 DAYTIME PHONE #: (305) 642-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/1/98)