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Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000026354 (9)

1. Corporative Name
ADRIENNE F. PROMOFF, P.A.



Principal Place of Business 501 BRICKELL KEY DR STE 407 MIAMI FL 33131-2624 US		Mailing Address 501 BRICKELL KEY DR STE 407 MIAMI FL 33131-2624 US		3. Date Incorporated or Qualified 04/06/1993	3a. Date of Last Report 03/07/1996
2. Principal Name of Business 21 44 West Flagler Street Suite, Apt. #, etc. 22 Suite 2100 City & State 23 Miami FL Zip 24 33130	2a. Mailing Address 26 44 West Flagler Street Suite, Apt. #, etc. 27 Suite 2100 City & State 28 Miami FL Zip 29 33130	30 USA	4. FEI Number 65-0406407	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent PROMOFF, ADRIENNE F 501 BRICKELL KEY DR STE 407 MIAMI FL 33131			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 44 West Flagler Street 84 City MIAMI FL 85 Zip Code 33130		

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 further certify and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Adrienne F. Promoff* ADDRESS CHANGE only DATE: 3/15/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME PROMOFF, ADRIENNE F		1.2 NAME	
1.3 STREET ADDRESS 501 BRICKELL KEY DR, STE 407		1.3 STREET ADDRESS 44 West Flagler Street, Suite 2100	
1.4 CITY - ST - ZIP MIAMI FL		1.4 CITY - ST - ZIP MIAMI, FL 33130	
2.1 TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP		2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP		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 included 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 the 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: *Adrienne F. Promoff* 3/15/97 305-374-0102

CR2E034 (9/96)