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FILED
May 30 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 # P93000034553
 1. Corporation Name
NEW SUNSET PROPERTY CORP.

Principal Place of Business Mailing Address

9195 SW 72 STREET, #210 MIAMI, FL 33173 **SAME**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified **5/13/93** 3a. Date of Last Report

4. FEI Number **65-0416514** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

RAOUL GARCIA VIDAL
3191 CORAL WAY, SUITE 201
MIAMI, FL 33145

10. Name and Address of New Registered Agent

81 Name **JEFFREY LOMAN, M.D.**

82 Street Address (P.O. Box Number is Not Accepted) **9195 SW 72 STREET, #210**

83

84 City **MIAMI** FL 85 **33173**

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 **JEFFREY A. LOMAN, M.D.** *Jeffrey A Loman MD* 5/15/97

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

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PRES. JEFFREY LOMAN, M.D.**

STREET ADDRESS **9195 SW 72 STREET, #210**

CITY-ST-ZIP **MIAMI, FL 33173**

TITLE DELETE

NAME **V.PRES. BARBARA MUINA, M.D.**

STREET ADDRESS **9195 SW 72 STREET #210**

CITY-ST-ZIP **MIAMI, FL 33173**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME **600002205946**

4.3 STREET ADDRESS **-06/09/97--01111--003**

4.4 CITY-ST-ZIP *****8.75**

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS **4/5/30/93**

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME **500002205945**

6.3 STREET ADDRESS **-06/09/97--01111--002**

6.4 CITY-ST-ZIP *****165.00**

14. I do 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: **JEFFREY A. LOMAN M.D.** *Jeffrey A Loman* 4/20/97 (305) 241-9005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE OF FILING

CR2E034 (9/96)