

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # P94000032743 (4)**

1. Corporation Name

**AVANTI OF DADE COUNTY, INC.**

**FILED**

1995 AUG -3 AM 9:18

STATE SECRETARIATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
 280 NE 211 ST 280 NE 211 ST  
 MIAMI FL 33179 MIAMI FL 33179

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>04/27/1994</b>		3a. Date of Last Report	
2. Principal Place of Business	2a. Mailing Address	4. FBI Number	Applied For
21 <b>9818 ANORA OAKS LANE</b>	26 <b>9818 ANORA OAKS LANE</b>	<b>65-0487667</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 <b>#106</b>	27 <b>#106</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23 <b>BOCA RATON</b>	28 <b>BOCA RATON</b>		
Zip	Country	Zip	Country
24 <b>33428</b>	25 <b>PALE BEACH</b>	29 <b>33428</b>	30 <b>PALE BEACH</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FISH, BARBARA 280 NE 211 ST MIAMI FL 33179		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	<b>9818 ANORA OAKS LANE #106</b>
		83	
		84 City	<b>BOCA RATON FL</b>
		85 Zip Code	<b>33428</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IF ANY	
TITLE	<b>D</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FISH, DAVID</b>	1.2 NAME	
STREET ADDRESS	<b>280 NE 211 ST</b>	1.3 STREET ADDRESS	<b>9818 ANORA OAKS LANE #106</b>
CITY - ST - ZIP	<b>MIAMI FL 33179</b>	1.4 CITY - ST - ZIP	<b>BOCA RATON FL 33428</b>
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: David B. Fish **DAVID B. FISH** 7/26/95  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/95)