

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
CORPORATION DIVISION
3000 BOULEVARD
TALLAHASSEE, FLORIDA 32399-0001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 2:21

DOCUMENT # **P94000080624 (7)**

LIFETIME OF AVENTURA, INC.

Principal Place of Business		Miami, Florida		3. Date Incorporated or Quoted		3a. Date of Last Report	
20801 BISCAYNE BLVD SUITE 200 AVENTURA FL 33180		20801 BISCAYNE BLVD SUITE 200 AVENTURA FL 33180		11/01/1994			
2. Principal Place of Business	2a. Mailing Address	4. FIC Number	Applied For		Not Applicable		
21	26	65-05306395					
State App # etc.	County App # etc.	5. Certificate of Status Desired	<input type="checkbox"/>		\$8.75 Additional Fee Required		
22	27						
City & State	City & State	6. Election Campaign Financing	<input type="checkbox"/>		\$5.00 May Be Added to Fees		
23	28	Trust Fund Contributions	<input type="checkbox"/>				
City	City	7. This corporation has liability for intangible tax under S. 199.042, Florida Statute.	<input type="checkbox"/> Yes <input type="checkbox"/> No				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
B & C CORPORATE SERVICES INC 201 G BISCAYNE BLVD MIAMI CENTER SUITE 3000 MIAMI FL 33131				FRAYND, GERMAN M.D. 20801 BISCAYNE BLVD SUITE 200 AVENTURA, FL 33180			

11. Pursuant to the provisions of Sections 190.01(1), (2), and 190.02, Florida Statute, the above named corporation submits this statement for the purpose of changing its registered office to registered agent, as both in the State of Florida. You may change a publicly traded corporation's board of directors, officers, except the appointment of a registered agent, only in compliance with the provisions of Sections 190.01(1), (2), and 190.02, Florida Statute.

SIGNATURE: G. FRAYND, DIRECTOR 4/28/95

12. OFFICERS AND DIRECTORS		13. APPOINTMENT CHANGES TO OFFICERS AND DIRECTORS	
OFFICER	D FRAYND, GERMAN MD 1380 MIAMI GARDENS DR SUITE 210 NORTH MIAMI BEACH FL 33179	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
OFFICE ADDRESS		OFFICE ADDRESS	
OFFICE CITY		OFFICE CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
OFFICE ADDRESS		OFFICE ADDRESS	
OFFICE CITY		OFFICE CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
OFFICE ADDRESS		OFFICE ADDRESS	
OFFICE CITY		OFFICE CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
OFFICE ADDRESS		OFFICE ADDRESS	
OFFICE CITY		OFFICE CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that the filing is in compliance with the provisions of Sections 190.01(1), (2), and 190.02, Florida Statute. I further certify that the information included on this annual report or supplemental annual report is true and correct and that the signatures shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the manager or promoter responsible for this report as required by Chapter 190, Florida Statute, and that my name appears in Block 12 or Block 13 of this report or on an attached form.

SIGNATURE: G. FRAYND 4/24/95 305 931-0504

REMITTED BY MAY 1