

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000080624 (7)

1. Corporation Name
LIFETIME OF AVENTURA, INC.



Principal Place of Business 20801 BISCAYNE BLVD SUITE 200 AVENTURA FL 33180	Mailing Address 20801 BISCAYNE BLVD SUITE 200 AVENTURA FL 33180
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3. Date Incorporated or Qualified 11/01/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0530635	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 20801 BISCAYNE BLVD	26 20801 BISCAYNE BLVD
Suite, Apt. #, etc. 22 SUITE 307	Suite, Apt. #, etc. 27 SUITE 307
City & State 23 AVENTURA, FL	City & State 28 AVENTURA, FL
Zip 24 33180	Country
25	29 33180
30	Country

9. Name and Address of Current Registered Agent
**FRAYND, GERMAN MD
20801 BISCAYNE BLVD
SUITE 200
AVENTURA FL 33180**

10. Name and Address of New Registered Agent

81 Name DANIEL COHEN
82 Street Address (P.O. Box Number is Not Acceptable) 20801 BISCAYNE BLVD
83 SUITE 307
84 City AVENTURA
85 Zip Code FL 33180

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 *Daniel Cohen* **VICE PRESIDENT / SECRETARY** **4/17/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FRAYND, GERMAN MD	
STREET ADDRESS	1380 MIAMI GARDENS DR SUITE 210	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRAYND, GERMAN M.D.	
1.3 STREET ADDRESS	20801 BISCAYNE BLVD, SUITE 307	
1.4 CITY-ST-ZIP	AVENTURA, FL 33180	
2.1 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	COHEN, DANIEL	
2.3 STREET ADDRESS	20801 BISCAYNE BLVD, STE 307	
2.4 CITY-ST-ZIP	AVENTURA, FL 33180	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(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: *Daniel Cohen* **DANIEL COHEN** **4/17/96** **(305) 931-0504**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Telephone #

CR2E034 (12/95)