SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000040701 (1)**

1. Corporation Name
HEALTHNET CONSULTANTS II, INC.

Principal Place of Business	Mailing Address
701 BRICKELL AVE SUITE 1200 MIAMI FL 33131	701 BRICKELL AVE SUITE 1200 MIAMI FL 33131

3. Date Incorporated or Qualified: 05/23/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 999 PONCE DE LEON BLVD.	26 999 PONCE DE LEON BLVD.
Suite, Apt #, etc 22 SUITE 40	Suite Apt #, etc 27 SUITE 40
City & State 23 CORAL GABLES FL	City & State 28 CORAL GABLES, FL
Zip 24 33134	Country 25 USA
Zip 29 33134	Country 30 USA

4. FEI Number: 65-0585623 — Applied For / Not Applicable
5. Certificate of Status Desired: [X] **$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

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE FL 32301-1203

10. Name and Address of New Registered Agent

81 Name: ISMAEL ROQUE-VELASCO
82 Street Address (P.O. Box Number is Not Acceptable): 999 PONCE DE LEON BLVD. Suite 40
83
84 City: CORAL GABLES FL 85 Zip Code: 33134

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: [signature] DATE: 8-10-96
Signature, typed or printed name of registered agent and title, if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	11 TITLE	Change / Addition
NAME	ROQUE-VELASCO, ISMAEL		12 NAME	
STREET ADDRESS	701 BRICKELL AVE SUITE 1200		13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131		14 CITY-ST-ZIP	
TITLE	D	DELETE	21 TITLE	Change / Addition
NAME	GARCIA, ISABEL		22 NAME	
STREET ADDRESS	701 BRICKELL AVE		23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131		24 CITY-ST-ZIP	
TITLE		DELETE	31 TITLE	Change / Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		DELETE	41 TITLE	Change / Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		DELETE	51 TITLE	Change / Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		DELETE	61 TITLE	Change / Addition
NAME			62 NAME	200001930182 -08/22/96--01092--061 ***383.75
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 8-15-96 (305)567-1045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CS 8/22/96