

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Jan 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000050453 (6)
1. Corporation Name
CA-ER CORP.



Principal Place of Business 19170 N.W. 88TH COURT CAMERON CIRCLE MIAMI FL 33018	Mailing Address 19170 N.W. 88TH COURT CAMERON CIRCLE MIAMI FL 33018
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new change of address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3725 S. OCEAN DRIVE Suite, Apt. #, etc. 22 APT. 1512 City & State 23 HOLLYWOOD, FL Zip 24 33019	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 BRUNSWARD
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3. Date Incorporated or Qualified 06/28/1995	4. FEI Number 65-0598151	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	
6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**FERNANDEZ, ERIC
19170 NW 88TH CT.
MIAMI FL 33018**

10. Name and Address of New Registered Agent

81 Name ERIC FERNANDEZ MD
82 Street Address (P.O. Box Number is Not Acceptable) 3725 S. OCEAN DRIVE #1512
83
84 City HOLLYWOOD
85 Zip Code FL 33019

11. Pursuant to the provisions of Section 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]* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, NANCY	
STREET ADDRESS	19170 N.W. 88TH COURT	
CITY-ST-ZIP	MIAMI FL 33018	
TITLE	M	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, KATRINA L	
STREET ADDRESS	19170 N.W. 88TH COURT	
CITY-ST-ZIP	MIAMI FL 33018	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, CANDICE A	
STREET ADDRESS	19170 N.W. 88TH COURT	
CITY-ST-ZIP	MIAMI FL 33018	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, LORENE	
STREET ADDRESS	19170 N.W. 88TH COURT	
CITY-ST-ZIP	MIAMI FL 33018	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ERIC FERNANDEZ MD	
STREET ADDRESS	3725 S. OCEAN DRIVE	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3725 S. OCEAN DRIVE
1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33019
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Same as above
2.3 STREET ADDRESS	Same as above
2.4 CITY-ST-ZIP	Same as above
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Same as above
3.3 STREET ADDRESS	Same as above
3.4 CITY-ST-ZIP	Same as above
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Same as above
4.3 STREET ADDRESS	Same as above
4.4 CITY-ST-ZIP	Same as above
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 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: *[Signature]* 1-6-98 305-8228416

CR2E034 (10/97)