

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000091803 (3)

1. Corporation Name  
**EMBASSY ACQUISITION CORP.**



Principal Place of Business: 1428 BRICKELL AVE SUITE 105 MIAMI FL 33131  
Mailing Address: 1428 BRICKELL AVE SUITE 105 MIAMI FL 33131

3. Date Incorporated or Qualified: 11/30/1985  
3a. Date of Last Report  
4. FEI Number: 65-0643773 Applied For: Not Applicable  
5. Certificate of Status Desired: \$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

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-sections for Suite, City & State, and Zip/Country.

9. Name and Address of Current Registered Agent  
**HALPRYN, GLENN  
1428 BRICKELL AVE  
SUITE 105  
MIAMI FL 33131**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	Halpryn, Glenn L.	
STREET ADDRESS	1428 Brickell Avenue, Suite 105	
CITY-ST-ZIP	Miami, Florida 33131	
TITLE	VP/D/T	<input type="checkbox"/> DELETE
NAME	Brunfield, Craig A.	
STREET ADDRESS	1428 Brickell Avenue, Suite 105	
CITY-ST-ZIP	Miami, Florida 33131	
TITLE	VP/D/S	<input type="checkbox"/> DELETE
NAME	Stein, Ronald M.	
STREET ADDRESS	1428 Erickell Avenue, Suite 105	
CITY-ST-ZIP	Miami, Florida 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Dresnick, M.D. Stephen J.	
STREET ADDRESS	6855 South Red Road, Suite 400	
CITY-ST-ZIP	Coral Gables, Florida 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Marshak, Andrew	
STREET ADDRESS	1428 Erickell Avenue, Suite 105	
CITY-ST-ZIP	Miami, Florida 33131	

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	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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: Ronald M Stein 4/24/96 305/374-6700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)