

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # S83656 (6)
 1. Corporation Name
SCHWARZ & ARRICK, P.A.



Principal Place of Business: 11430 N. KENDALL DR. SUITE 216 MIAMI FL 33176
 Mailing Address: 11430 N. KENDALL DR. SUITE 216 MIAMI FL 33176

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
09/30/1991

2. Principal Place of Business
 21 **9130 S. DADELAND BLVD**
 Suite, Apt. #, etc. **1500**
 City & State **MIAMI FL**
 Zip **33156** Country **USA**

2a. Mailing Address
 26 **9130 S. DADELAND BLVD**
 Suite, Apt. #, etc. **1500**
 City & State **MIAMI FL**
 Zip **33156** Country **USA**

4. FEI Number **65-0295796** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
ARRICK, BRUCE
11430 N. KENDALL DR.
SUITE 216
MIAMI FL 33176

10. Name and Address of New Registered Agent
 81 Name **BRUCE ARRICK**
 82 Street Address (P.O. Box Number is Not Acceptable) **9130 S. DADELAND BLVD.**
 83 **SUITE 1500**
 84 City **MIAMI FL** 85 Zip Code **33156**

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 | <input type="checkbox"/> DELETE |
| NAME | D ARRICK, BRUCE |
| STREET ADDRESS | 7365 SW 123RD ST. |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D SCHWARZ, JEFFREY |
| STREET ADDRESS | 1256 SOROLLA AVE. |
| CITY-ST-ZIP | CORAL GABLES FL |
| 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 | <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 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: _____ **4.22.98 (205) 670-8550**

CR2E034 (10/97)