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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V07733

MICHAEL R. OBREGON O.D., P.A.

(1)

FILED May 09 1997 8:00am Secretary of State



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13899 BISCAYNE BLVD SUITE 400 MIAMI FL 33181 82 Sirest Address (P.O. Box Number is Not Acceptable) 13 Interpretation 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 register of 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 register agent. I am familiar with, and accept the obligations of Section 607.0502, florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as register agent and accept the obligations of Section 607.0503, florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as register agent and accept the obligations of Section 607.0503, florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. OTHER ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR				***************************************	81	Name			•	·
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11. Pursuant to the provisions of Socions 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of director or projected 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 register agent. I am tambles with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature byted or prevent name of inguistred agent and see if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 12. OFFICERS AND DIRECTORS In 12. NAME SIRELLA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 12. NAME SIRELLA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 12. NAME OBREGON, MICHAEL OB BOW WAYE #819 MIAMI BEACH FL 33139 Intell DELETE 21 TITLE Change Add ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 12. NAME 2.2 NAME 2.2 STREET ADDRESS CITY ST-7P THE DELETE 31 TITLE Change Add ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 12. NAME 2.2 NAME 2.3 STREET ADDRESS CITY ST-7P DELETE 41 TITLE Change Add ASTREET ADDRESS CITY ST-7P DELETE 51 TITLE Change Add ASTREET ADDRESS CITY ST-7P DELETE 51 TITLE Change Add ASTREET ADDRESS CITY ST-7P DELETE 51 TITLE Change Add ASTREET ADDRESS SIRELLA ADDRESS SIRELA ADDRESS SIRELLA ADDRESS SIRELLA ADDRESS SIRELLA ADDRESS SIRELA ADDRESS SI	MIAMI I	FL 33181			83	{	·			
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 register office or register of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SISNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. POBREGON, MICHAEL OD 80. W AVE #819 11. SIRRET ADDRESS 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. ACITY-ST-ZIP 15. THE 16. ACITY-ST-ZIP 16. ACITY-ST-ZI					64	City			85 Zip	Code
office or registered agent, or both, in the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as register agent agent and accept the obligations of, Section 607,6505, Florida Statutes SIGNATURE The continued of registered agent and of registered agent and size of applicable. (NOTE Registered Agent signature required who remaining) DATE						<u> </u>			<u>l L </u>	
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14. I do 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

HIGHATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER ON DIRECTOR

4/29/97

(305) 688-6447 Dayline Phone #