


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

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90014 011 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V25566

1. Corporation Name
HERSH . VITALINI . CORAZZINI, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 300 ARAGON AVE SUITE 340 CORAL GABLES FL 33134 US	Mailing Address 300 ARAGON AVE SUITE 340 CORAL GABLES FL 33134 US
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3. Date Incorporated or Qualified 04/01/1992	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0324695	Additional Fee Required \$8.75
5. Certificate of Status Desired <input type="checkbox"/>	May Be Added to Fees \$5.00
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent

CORAZZINI, PABLO
439 SEVILLA AVE STE 5
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name CORAZZINI, PABLO
82 Street Address (P.O. Box Number is Not Acceptable) 1901 BRICKELL AVE # 1005
83
84 City MIAMI
85 Zip Code FL 33129

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: **1/20/99**

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	CORAZZINI, PABLO
STREET ADDRESS	439 SEVILLA AVE STE 5
CITY-ST-ZIP	CORAL GABLES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	VITALINI, LUIGI
STREET ADDRESS	3661 POINCIAHA AVE
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BURTON, HERSH
STREET ADDRESS	300 ARAGON AVE
CITY-ST-ZIP	CORAL GABLES FL 33134
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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CORAZZINI, PABLO
1.3 STREET ADDRESS	1901 BRICKELL AVE # 1005
1.4 CITY-ST-ZIP	MIAMI, FL. 33129
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VITALINI, LUIGI
2.3 STREET ADDRESS	6925 S.W. 63 CT.
2.4 CITY-ST-ZIP	MIAMI, FL. 33143
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HERSH, BURTON
3.3 STREET ADDRESS	7130 LAUREL LANE
3.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014
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 in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **LUIGI VITALINI** DATE: **1/20/99** DAYTIME PHONE #: **(305) 567-0602**

CR2E034 (11/98)