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Jan 31 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 363509 (1)

1. Corporation Name  
SPILLIS CANDELA & PARTNERS, INC.

Principal Place of Business  
800 DOUGLAS ENTRANCE  
CORAL GABLES FL 33134

Mailing Address  
800 DOUGLAS ENTRANCE  
CORAL GABLES FL 33134



3. Date Incorporated or Qualified 04/30/1970	3a. Date of Last Report 02/09/1996
4. FEI Number 59-1290432	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

SPILLIS, PETER  
C/O SPILLIS CANDELA & PARTNERS, INC.  
800 DOUGLAS ENTRANCE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 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: *Peter J. Spillis* PETER J. SPILLIS 1/9/97  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	DELETE <input type="checkbox"/>
NAME	CANDELA, HILARIO	
STREET ADDRESS	10900 S W 53 AVE	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE	SCEO	DELETE <input type="checkbox"/>
NAME	SPILLIS, PETER	
STREET ADDRESS	10700 SNAPPER CREEK RD	
CITY - ST - ZIP	MIAMI FL 33158	
TITLE	EV	DELETE <input type="checkbox"/>
NAME	GRABIEL, JULIO	
STREET ADDRESS	1126 S. GREENWAY DR.	
CITY - ST - ZIP	CORAL GABLES FL 33146	
TITLE	EV	DELETE <input type="checkbox"/>
NAME	ALVAREZ, ARAMIS	
STREET ADDRESS	8110 OLD CUTLER RD	
CITY - ST - ZIP	MIAMI FL	
TITLE	EV	DELETE <input type="checkbox"/>
NAME	DWORE, DON	
STREET ADDRESS	13105 SILVER FOX TRAIL	
CITY - ST - ZIP	PALM BCH GARDENS FL	
TITLE	EV	DELETE <input type="checkbox"/>
NAME	GUILLERMO, CARRERAS	
STREET ADDRESS	111 E. ENID DR.	
CITY - ST - ZIP	KEY BISCAYNE FL 33149	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: *Peter J. Spillis* PETER J. SPILLIS 1/9/97 (305)444-4691  
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)