


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

FILED

Apr 14 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 # 509520 (3)					
1. Corporation Name SAMUEL STEEN, P.A.					
Principal Place of Business 1500 SAN REMO AVE SUITE 215 CORAL GABLES FL 33146-3047 US			Mailing Address P.O. BOX 431433 SUITE 215 MIAMI FL 33243-1433 US		
2. Principal Place of Business 21 1320 SOUTH DIXIE HWY Suite, Apt. #, etc. 22 SUITE 450 City & State 23 CORAL GABLES, FL Zip 24 33146 Country 25 U.S.A.		2a. Mailing Address 26 P.O. BOX 431433 Suite, Apt. #, etc. 27 City & State 28 MIAMI, FL Zip 29 33243-1433 Country 30 U.S.A.		3. Date Incorporated or Qualified 08/01/1976 3a. Date of Last Report 03/15/1996 4. FEI Number 59-1671139 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent STEEN, SAMUEL 140 SO. PROSPECT DRIVE CORAL GABLES FL 33133			10. Name and Address of New Registered Agent 81 Name SAMUEL STEEN 82 Street Address (P.O. Box Number is Not Acceptable) 10950 S.W. 75 ST. 83 84 City MIAMI FL 85 Zip Code 33173		
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: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PSD <input type="checkbox"/> DELETE NAME STEEN, SAMUEL STREET ADDRESS 140 SO. PROSPECT DR. CITY - ST - ZIP CORAL GABLES FL			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 10950 S.W. 75 ST. 1.4 CITY - ST - ZIP MIAMI, FL 33173		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 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: <i>[Signature]</i> SAMUEL STEEN, PRES. 4/8/97 305/667-2968					

CR2E034 (9/96)