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

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 534193

(8)

CHARLES WEISS, INC.

Principal Place of Business 400 ARTHUR GODFREY ROAD, SUITE #200

MIAMI BEACH FL 33140

Mailing Address

400 ARTHUR GODFREY ROAD, SUITE #200 MIAMI BEACH FL 33140

**FILED** Jan 27 1998 8:00am Secretary of State



									DO NOT V	VRITE IN TH	S SPACE		
									<ol><li>Date Incorporated or Qual</li></ol>	ified			
									05/20/1977				
<ol><li>Principal F</li></ol>	Place of Busin	ness	2a. Ma	2a. Mailing Address					4. FEI Number		- 1	Applied F	or
21			26	26					59-1737277			Not Appli	
Suite, Apt.	#, etc	Su	Suite, Apt. #, etc.							\$8.7	5 Addition		
22		27	27					5. Certificate of Status Desire	d 🗆	T	Regulred		
City & Stat	e		City & State					6. Election Campaign Financ			<del></del>		
23		<u> </u>	28					Trust Fund Contribution	"'y 🖂		<b>00</b> May B ed to Fees		
Zip		Country					ountry						
24	ŀ	25		<b>⊢</b>			<b>-</b>		8. This corporation owes or h		current year	intangible	9
24   25   29   30   9. Name and Address of Current Registered Agent									Personal Property Tax due 10. Name and Address of Ne				
WEISS, CHARLES, M.D.							1 Negitii	<del>3</del>					ŀ
40(	O ARTHUR	JITE #200	#200			Stree	reet Address (P.O. Box Number is Not Acceptable)						
MU	ami Beach					82 Street Address (P.O. Box Number is Not Acceptable)							
			83										
											.,		
						84	City			F	<b>s</b>  85   2	ip Code	
11 Pursuant	to the provisi	ons of Sections 607.05	02 and 607 1	508 Florida Statut	tae tha s	bour	- nama	d como	ration submits this statement for			- ltlai	1000
onice or r	edistered ad	ent, or both, in the Stat	e of Florida. S	Such change was :	authoriza	ed by	the co	rporatio	n's board of directors. I hereby	accept the a	or changin opointment	as registe	red
agent. I a	ım familiar wi	th, and accept the obliq	gations of, Se	ction 607.0505, Fl	orida Sta	tutes	<b>S</b> .		•	•			
SIGNATURE													
	Signature, typed	or printed name of registered ag				d Age	nt signatu	re required	when reinstating)	DATE			
12.		OFFICERS AN	ND DIRECTOR		13.				ADDITIONS/CHANGES TO	OFFICERS A			
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NAME		CHARLES		1.2 N									
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated									ection 119 07(3Vi) Florido Statud	on I fuelbor	nortifie that	ho informa	tion
indicated	on this annua	al report or supplied w	al annual ren	ort is true and acc	urate an	surpt d tha	ion stat it my sia	eu iii 36 matiira	shall have the same legal effect	es. 1 iUMMEl ( se if mada I	sermy that I	ne intorma	1000

indicated on this ambiguite port of supplemental mental report is true and accurate and mat my signature shall have the same legal effect as it made under oath; that I am ar officer or director of the corporation or the free 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:

(305) 538-4477