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 # 578236

(2)

FILED Feb 04 1997 8:00 am Secretary of State

1. Corporation DRS. D	E VELASCO, PELLEGRINI &	BUSSE, P.A.				
Principal Place of Business 9193 8 W 72 ST STE - 200 MAMI FL 33173		Mailing Address 9193 S W 72 ST STE - 200 MIAMI FL 33173-3487				
US		U\$			3. Date Incorporated or Qualified 07/01/1978	3a. Date of Last Report 03/19/1996
2. Principal F	Principal Place of Business 2a. Mailing Address 26				4. FEI Number 59-1837768	Applied For
Suite, Apt. #, etc.		Suite, Apt. #. etc.		5. Certificate of Status Desired	Not Applicable \$8.75 Additional	
City & State		City & State			Fee Required	
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country Zip 25 29		Country 30		8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes	
	9. Name and Address of Curre		[30]		10. Name and Address of New Re	7
	VELASCO, RAUL E., M.D.		81	Name		
9193 S W 72 ST STE - 2 00 MIAMI FL 33173			82	Street Ad	ldress (P.O. Box Number is Not Accepta	ble)
			83			
1111	WIN 14 COLLO		84	City		85 Zip Code
] - /		
agent. I a	to the provisions of Sections 607.056 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607,1508, Florida Statut of Florida, Such change was lations of, Section 607,0505, Fl	tes, the abov authorized b orida Statute	re-named co by the corpor is.	propriation submits this statement for the parties access to a submit su	ourpose of changing its registered pt the appointment as registered
SIGNATURE	Signature, typed or printed name of registered as		É Registered Ag	ioni signature red	jured when relissiating)	DATE
12.	OFFICERS AN	OFFICERS AND DIRECTORS DELFTE			ADDITIONS/CHANGES TO OFFIC	
TITLE NAME	DE VELASCO, RAUL E	☐ DELETE 1.1 TI		}		L_ Change L_ Addition (
STREET ADDRESS	44044 0181 447 415		1.3 STREET ADDRESS			
CITY-ST-ZIP	MAMI, FL 00000		1.4 CiTY+5	S1 - ZIP		
TITLE	D DELETE		2 1 TITEF			Change Addition
NAME	PELLEGRINI, EDGARDO L. 10405 S.W. 97 CT.		2.2 NAME	1		ļ
STREET ADDRESS	MIAMI FL		2 3 STREET ADDRESS 2 4 CHY-ST-ZIP			
CITY-ST-ZIP TITLE	D	☐ DELLTE	2 4 GHY - 3 1 TITLE	ST-ZIF		☐ Change ☐ Addition
NAME	BUSSE, JORGE, C	SE, JORGE, C		ļ		-
STREET ADDRESS	7221 SW 84 PLACE	B4 PLACE 33		T ADDRESS		
CITY-ST-ZIP	MIAMI FL			3.4. CITY · ST - ZIP		
TITLE		☐ DELFTE 4.1				Change [_] Addition
NAME STREET ADDRESS			4 2 NAME	1 ADDRESS		
CITY-ST-ZIP			4.4 CITY - 5			
TITLE			5.1 TITLE			Change Addition
NAME	521		5.2 NAME			11
STREET ADDRESS	DRESS 5.3		5.3 STREET	T ADDRESS		<u> </u>
CITY-ST-ZIP			54 CITY - S	ST - ZIP		
TITLE NAME		☐ DELETE	6.1 TALE			Change Addition
STREET ADDRESS			6.2 NAME 6.3 STHEET	F ADDRESS	90000207 -02/05/9?011	23014
CITY-ST-ZIP			6.4 CITY - S	ì	***165.00	SAC TARREST
			0.7 0111.0	<u> </u>	Server & Color & Color	

I do hereby certify that the information supplied with this filling 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 trusted 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:

1/27/97 2739377