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 #

(2)

RENE D. DE LAMAR, M.D., P.A.

officer or director of the corporation of the receiver or Block 12 or Block 13 it changed, or an attacking

FILED May 26 1998 8:00am Secretary of State



REWED DE LAURE BLESCE (305)264 5804

Principal Place	of Businoss	Mailing Address	Mailing Address		-\	ial Bibli Dibil Bibli Hibli Bibli Dibil Bibli Idbi
5799 NW 7TH ST.		5799 NW 7TH ST.				
MIAMI FL 33126		MIAMI FL 33126			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	IN THIS SPACE
					10/26/1978	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26	··¬		59-1863357	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27	7		6. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip Country		Ζφ	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24 25 25 Name and Address of Curren		29	30		Personal Property Tax due June 30. A Yes No 10. Name and Address of New Registered Agent	
		iit uedistelen Watit	81	Name	10. Hame and Address of Non-1108	natored regulit
DE LAMAR, URSULA						
	799 N.W. 7TH STREET		82	Street Address (P.O. Box Number is Not Acceptable)		
***	IAMI FL 33126		83			
			84	City		FL 85 Zip Code
11, Pursuant t	o the provisions of Sections 607.05	02 and 607 1508, Florida Statul	es, the above	-named corpo	oration submits this statement for the po	urpose of changing its registered
office or re	e giste red agent, or both, in the State m fam iliar with, and accept the oblic	e of Florida. Such ch ange wa s a	authorized by	the corporation	on's board of directors. I hereby accept	I the appointment as registered
SIGNATURE		,				
SIGNATORE	Signature, typed or printed name of regetor class	ent aed title if applicable (NOT	t : Registered Age	nt signature require	ed when reinstating)	DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
TITLE			1.1 TITLE	Ì		Change Addition
NAME			1.2 NAME			
STREET ADDRESS	5 41 45 44 PM		1.3 STREET 1.4 CITY-S			
CITY-ST-ZIP TITLE		S DELETE 2.17		1 - ZIP		Change Addition
NAME			2.2 NAME	ĺ		
STREET ADDRESS	1310 CORAL WAY		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP			
TITLE	The state of the s		3.1 TITLE	,,		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - 5	I-ZIP		
TITLE	DELETE 4.1		4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4 3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	T-ZIP		
TITLE			5.1 TITLE		المساد بنبية المردة الهيدة المبياة الهيدة الأشير	Change Addition
NAME			5.2 NAME		70000253	D4U1
STREET ADDRESS			5.3 STREET		-05/27/980103 ***150.00	9UUU
CITY-ST-ZIP			5.4 CITY - S	1 - ZIP	<u> 本本本 (つい, UU</u>	Champe / Addition
TITLE			6.1 TITLE			C C PRINCIPLE AND INCOME
NAME	l l		6.2 NAME	*D001.00	5	
STREET ADDRESS			6.3 STREET ADDRESS 6.4 CITY - ST - ZIP			112
CITY-ST-ZIP	ertify that the information supplied	with this filma does not qualify to	or the everne	ion stated in 9	Section 119.07(3)(i), Florida Statutes. [1	further certify that the information
indicated officer or	on this annual report or supplement director of the corporation or the rec	at annual epert is true and acc server or justee empowered to	curate and the	at my signatur report as requ	re shall have the same legal effect as if irred by Chapter 607, Florida Statutes; a	made under oath; that I am an and that my name appears in