FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
AND
FILED

9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 602077 (0)

FERNANDEZ-BRAVO AND ASSOCIATES, P.A.

Principal Office

201 N.W. 82ND AVE., #307
PLANTATION FL 33324

Mailing Address

201 N.W. 82ND AVE., #307
PLANTATION FL 33324

2. FEI Number	3. Date of Incorporation	3a. Date of Last Report	
59-1292612	05/05/1970	05/24/1994	
4. Certificate of Status Desired	X	$8.75 Additional Fee Required	
5. Florida Limited Partnership Annual Report			
6. Election Campaign Financing Trust Fund Contribution	X	$5.00 May Be Added to Fees	
7. Is this entity a corporation that has elected to be taxed as an "S" corporation under the Internal Revenue Code?			
Florida Statute	[ ] Yes	[ ] No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FERNANDEZ-BRAVO, ALBERTO 201 N.W. 82ND AVE., #307 PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.1007, 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. The 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
PD FERNANDEZ-BRAVO, ALBERTO 201 N.W. 82ND AVE., #307 PLANTATION, FL 33313	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
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	[ ] Change [ ] Addition
	[ ] Change [ ] Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 above, or on an attachment with an address.

SIGNATURE: ALBERTO FERNANDEZ-BRAVO, M.D. PRESIDENT 4/28/95 (305) 474-5666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0232748 CP