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

(3)

SCHAEFER & HARRIS D.V.M. PA

DOCUMENT # 604273

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FILED

Apr 16 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address							I 188112 BILLY BOLLY BIRLY LIGHT LOGIO TO	I MERET MINEL A	4:8 1: 8:8 :	/ 81811 1881
20205 FRANJO MIAMI FL 3318			20205 FRANJO ROAD MIAMI FL 33189-1818							
							3. Date Incorporated or Qualified 04/05/1973		nte of Last R 10/1996	teport
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		A	pplied For
21			26				59-1457548			
Suite, Apt. #. etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22			27				ree Hequired			
City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution			
Zip Country			Zip Country				Trust Fund Contribution L.J Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,			
`	¬ '		29 30			Florida Statutes Yes No				i. 199.032,
24	25 9 Name and Add	ress of Current Regi	stered Agent	1901	Τ		10. Name and Address of New R			
¢∪n	MEFER, DR. JOSEP	. .			81	Name				
	05 FRANJO ROAD	••			82	0	(DO Day b) and a field Assessed			
MIAMI FL 33157						Street Addre	Address (P.O. Box Number is Not Acceptable)			
1110710	M 1 2 00 101				83					
									11 -	
					84	City		FL	. `	Code
office or n agent. La SIGNATURE		oth, in the State of Flor ecept the obligations of the of registered agent and till					oration submits this statement for the ion's board of directors. I hereby accessed when reinstaling)	pt the app	ointment as	
12.	OFFICERS AND DIR		TORS 13.				ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 12
TITLE	PD		☐ DELETE	1.1 Ti	TLE				Change	Addition
NAME	SCHAEFER, DR. J	l .		1.2 N	AME		•			
STREET ADDRESS	6800 SW 59 ST			1.3 S	TAEET	ADDRESS				
CHY-ST-ZIP	MIAMI FL			1.4 C	ITY-S	1 - ZIP				
TITLE	TP		DELETE	2.1 T	TLE				Change	Addition
NAME	SCHAEFER, DR.	J.		2.2 N	AME					
STREET ADDRESS	6800 SW 59 ST			1		ADDRESS				
City-St-ZIP	MIAMI FL		DOLETE			ST - ZIP			Change	Addition
THILE	SD HADDIC MAILLIAN	ı	☐ DELETE	317					L.J Griange	LT MODRIER
NAME CASSET ABOVE OF	HARRIS, WILLIAA 19531 HOLIDAY			3.2 N		ADDRESS				
STREET ADDRESS	MIAMI FL	NV		- 1		ADDRESS				
CHY-ST-ZIP TIFLE	WINNI FL		☐ DELETE	3.4, E 4.1 Ti		ST - ZIP			Change	Addition
NAMÉ				4.21						
STREET ADDRESS						ADDRESS				1
CHY-S1-ZIP					1TY-\$	l.				
THILE			DELETE	5.1 T					Change	Addition
NAME				5.2 N					•	
STREET ADDRESS						ADDRESS				
CITY+ST-ZIP					ITY - S					
Tifté			DELETE	6.1 T					Change	Addition
NAMÉ				6.2 N	AME					
STREET ADORESS		4		6.3 S	TREET	ADDRESS				
OUT CLAND					י עדו	7 700				

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.