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Feb 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 604293 (1)

1. Corporation Name  
DRS. GLASSER & SALGUEIRO, P.A.



Principal Place of Business: 7795 W FLAGLER STREET, #23 MIAMI FL 33144  
Mailing Address: 7795 W FLAGLER STREET, #23 MIAMI FL 33144-2366

3. Date Incorporated or Qualified: 04/16/1973  
3a. Date of Last Report: 04/08/1996  
4. FEI Number: 59-1453856  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
GLASSER, MARSHALL A.  
7795 W FLAGLER STREET #23  
MIAMI FL 33144

10. Name and Address of New Registered Agent  
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Such 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: Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE: PST  
NAME: GLASSER, MARSHALL A  
STREET ADDRESS: 7795 W FLAGLER STREET  
CITY-ST-ZIP: MIAMI FL  
TITLE: D  
NAME: SALGUEIRO, JOSE L  
STREET ADDRESS: 7795 W FLAGLER ST  
CITY-ST-ZIP: MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE:  Change  Addition  
12 NAME:  Change  Addition  
13 STREET ADDRESS:  Change  Addition  
14 CITY-ST-ZIP:  Change  Addition  
21 TITLE:  Change  Addition  
22 NAME:  Change  Addition  
23 STREET ADDRESS:  Change  Addition  
24 CITY-ST-ZIP:  Change  Addition  
3.1 TITLE:  Change  Addition  
3.2 NAME:  Change  Addition  
3.3 STREET ADDRESS:  Change  Addition  
3.4 CITY-ST-ZIP:  Change  Addition  
4.1 TITLE:  Change  Addition  
4.2 NAME:  Change  Addition  
4.3 STREET ADDRESS:  Change  Addition  
4.4 CITY-ST-ZIP:  Change  Addition  
5.1 TITLE:  Change  Addition  
5.2 NAME:  Change  Addition  
5.3 STREET ADDRESS:  Change  Addition  
5.4 CITY-ST-ZIP:  Change  Addition  
6.1 TITLE:  Change  Addition  
6.2 NAME:  Change  Addition  
6.3 STREET ADDRESS:  Change  Addition  
6.4 CITY-ST-ZIP:  Change  Addition

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.

SIGNATURE: [Signature] 1/28/97 (305) 261-5251  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)