

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.

**REINSTATEMENT**



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

97 OCT 30 PM 1:07

WC  
 10/31

DOCUMENT # 766072 (3)

1. Corporation Name  
 6262 BIRD ROAD PROFESSIONAL BUILDING, INC.



**REINSTATEMENT 97**  
 DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 C/O OCTAVIO A. SANTURIO C/O OCTAVIO A. SANTURIO  
 6262 BIRD ROAD SUITE 3E 6262 BIRD ROAD SUITE 3E  
 MIAMI FL 33155 MIAMI FL 33155

2. Principal Place of Business 2a. Mailing Address  
 21 8105 NW 77 ST 26 8105 NW 77 ST  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 27  
 City & State City & State  
 23 MIAMI FL 28 MIAMI FL  
 Zip Country Zip Country  
 24 33166 25 USA 29 33166 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report  
 12/10/1982 05/01/1996  
 4. FEI Number Applied For  
 59-2257605 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 owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 SUITE 2-B BIRD, INC.  
 6262 BIRD ROAD  
 SUITE 2B  
 MIAMI FL 33155  
*change of address only*

10. Name and Address of New Registered Agent  
 81 Name SUITE 2-B BIRD, INC.  
 82 Street Address (P.O. Box Number is Not Acceptable) 8105 NW 77 ST  
 83  
 84 City MIAMI FL 85 Zip Code 33166

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* President 10/27/97  
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SANTURIO, OCTAVIO	
STREET ADDRESS	6262 BIRD RD. #3E	
CITY-ST-ZIP	MIAMI FL	
TITLE	PDS	<input type="checkbox"/> DELETE
NAME	GARRIDO, JOSE A.	
STREET ADDRESS	6262 BIRD RD., #2A	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AMBROS, MARIO	
STREET ADDRESS	6262 BIRD RD. #3D	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> DELETE
NAME	Jose A. Garrido, Jr	
STREET ADDRESS	8105 NW 77 ST	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	100002337111-4
1.3 STREET ADDRESS	-11/04/97--01009--005
1.4 CITY-ST-ZIP	****236.25 ****236.25
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOSE A. GARRIDO
2.3 STREET ADDRESS	8105 NW 77 STREET
2.4 CITY-ST-ZIP	MIAMI, FL 33166
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AMBROS, MARIO
3.3 STREET ADDRESS	8105 NW 77 STREET
3.4 CITY-ST-ZIP	MIAMI, FL 33166
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOSE A. GARRIDO, JR
4.3 STREET ADDRESS	8105 NW 77 ST
4.4 CITY-ST-ZIP	MIAMI, FL 33166
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* 10/27/97

CR2E037 (4/97)