

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F07011** (2)

1. Corporation Name
SCHREIBER, RODON-ALVAREZ, P.A.

Principal Place of Business 890 S DIXIE HWY CORAL GABLES FL 33146	Mailing Address 890 S DIXIE HWY CORAL GABLES FL 33146
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/01/1980

2. Principal Place of Business 21 2222 Ponce de Leon	2a. Mailing Address 26 2222 Ponce de Leon	4. FEI Number 59-1818531	Applied For Not Applicable
Suite, Apt. #, etc. 22 Penthouse Suite	Suite, Apt. #, etc. 27 Penthouse Suite	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23 Coral Gables	City & State 28 Coral Gables	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 33134	Country 25 Miami Dade	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SCHREIBER, GERHARDT A
890 S DIXIE HWY
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	2222 Ponce de Leon
83	Penthouse Suite
84 City	Coral Gables F
FL	33134

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHREIBER, GERHARDT A	1.2 NAME	
STREET ADDRESS	890 S DIXIE HWY	1.3 STREET ADDRESS	2222 Ponce de Leon Blvd PH
CITY-ST-ZIP	CORAL GABLES, FL 00000	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	P	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODON-ALVAREZ, MARIA LUIS	2.2 NAME	
STREET ADDRESS	890 S DIXIE HWY	2.3 STREET ADDRESS	2222 Ponce de Leon Blvd PH
CITY-ST-ZIP	CORAL GABLES, FL 00000	2.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: **Bq Demroch**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/98 305-445-8861

Date

Daytime Phone #

0211128

CR2E034 (10/97)