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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

5975 SUNSET DR

S MAIM! FL 33143

Suite, Apt. #, etc

City & State

22

23

24

100

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F10607

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MALCA, RAMON 5975 SUNSET DR

S MAIMI FL 33143

STE 801

(2)

MALCA AND PRAGER, P.A.

Mailing Address 5975 SUNSET DR

S MIAM! FL 33143

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

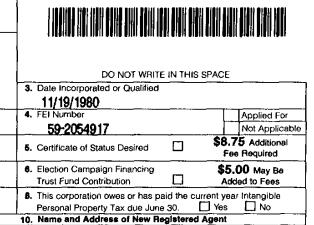
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9. Name and Address of Current Registered Agent

FILED							
Mar 30 1998 8:00am							
Secretary of State							



84 City Zip Code 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 Frorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered

Country

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Name

Street Address (P.O. Box Number is Not Acceptable)

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agent, I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.							
SIGNATURE	Signature, typed or protect name of registered agent and title if appli	cable (NOTE	Registered Agent signature requir	ed when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	STD	DELETE	1.1 TITLE		Change	Addition	
NAME	MALCA, RAMON		1.2 NAME			i	
STREET ADDRESS	5975 SUNSET DR STE 801		1.3 STREET ADDRESS				
CITY-ST-ZIP	S MIAMI FL		1.4 CITY-ST-ZIP				
TITLE	DP	☐ DELETE	2.1 TITLE		Change	Addition	
NAME	PRAGER, STANLEY B		2.2 NAME				
STREET ADDRESS	866 S DIXIE HWY		2.3 STREET ADDRESS			·	
CITY-ST-ZIP	CORAL GABLES FL		2. 4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE		Change	Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE		☐ Change	☐ Addition	
NAME .			4.2 NAME			į	
STREET ADDRESS			4.3 STREET ADDRESS				
City-St-ZiP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		DELETE	6.1 TITLE		Change	☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
1							

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 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 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 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 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 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 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 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 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 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 supplied with the information indicated on the supplied with the information indicated on the supplied with the information indicated on the supplied with

SIGNATURE:

RAMON MALCA 3/24/98 (305)662-5500