
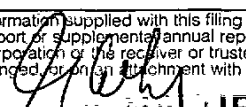


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		
DOCUMENT # F79790 (4) 1. Corporation Name LAW OFFICES OF GARRY J. ALHALEL, P.A.						
Principal Place of Business % GARRY J ALHALEL 25 SE 2ND AVENUE MIAMI FL 33131			Mailing Address % GARRY J ALHALEL 25 SE 2ND AVENUE MIAMI FL 33131			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/11/1982		
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2195020	Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Country	29	Zip	30	Country	
9. Name and Address of Current Registered Agent ALHALEL, GARRY J 25 SE 2ND AVENUE MIAMI FL 33131			10. Name and Address of New Registered Agent			
			81	Name		
			82	Street Address (P.O. Box Number is Not Acceptable)		
			83			
			84	City	85	Zip Code FL
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	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALHALEL, GARRY J			1.2 NAME		
STREET ADDRESS	25 SE 2ND AVENUE			1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000			1.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				2.2 NAME		
STREET ADDRESS				2.3 STREET ADDRESS		
CITY-ST-ZIP				2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 its 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:  FILING FEE REQUIRED 1/19/98 (305) 374-8197						



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)