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PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED Jan 15 1998 8:00am Secretary of State

DOCUMENT # G05470

(1)

1. Corporation Name: LUIS R. AVELLO P.A., INC.

Principal Place of Business:

% LUIS R. AVELLO 7400 SW 50TH TERR #301 MIAMI FL 33155

Mailing Address:

% LUIS R. AVELLO 7400 SW 50TH TERR #301 MIAMI FL 33155

2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

AVELLO, LUIS R. 7400 SW 50TH TERR #301 MIAMI FL 33155

81 Name

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

83

84 City 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, type full printed name of officer or director (delete if applicable)

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE: PSD; NAME: AVELLO, LUIS R.; STREET ADDRESS: 7400 SW 50TH TERR; CITY-ST-ZIP: MIAMI FL

12.2 TITLE: [DELETE]; NAME: [DELETE]; STREET ADDRESS: [DELETE]; CITY-ST-ZIP: [DELETE]

12.3 TITLE: [DELETE]; NAME: [DELETE]; STREET ADDRESS: [DELETE]; CITY-ST-ZIP: [DELETE]

12.4 TITLE: [DELETE]; NAME: [DELETE]; STREET ADDRESS: [DELETE]; CITY-ST-ZIP: [DELETE]

12.5 TITLE: [DELETE]; NAME: [DELETE]; STREET ADDRESS: [DELETE]; CITY-ST-ZIP: [DELETE]

12.6 TITLE: [DELETE]; NAME: [DELETE]; STREET ADDRESS: [DELETE]; CITY-ST-ZIP: [DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE: [Change] [Addition]

13.2 NAME: [Change] [Addition]

13.3 STREET ADDRESS: [Change] [Addition]

13.4 CITY-ST-ZIP: [Change] [Addition]

13.5 TITLE: [Change] [Addition]

13.6 NAME: [Change] [Addition]

13.7 STREET ADDRESS: [Change] [Addition]

13.8 CITY-ST-ZIP: [Change] [Addition]

13.9 TITLE: [Change] [Addition]

13.10 NAME: [Change] [Addition]

13.11 STREET ADDRESS: [Change] [Addition]

13.12 CITY-ST-ZIP: [Change] [Addition]

13.13 TITLE: [Change] [Addition]

13.14 NAME: [Change] [Addition]

13.15 STREET ADDRESS: [Change] [Addition]

13.16 CITY-ST-ZIP: [Change] [Addition]

13.17 TITLE: [Change] [Addition]

13.18 NAME: [Change] [Addition]

13.19 STREET ADDRESS: [Change] [Addition]

13.20 CITY-ST-ZIP: [Change] [Addition]

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: Luis R. Avello

1-5-98

305-666-9188

CR2E034 (10/97)