

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

FILED  
Feb 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G82428** (5)  
1. Corporation Name  
**PHOENIX STRATEGIC STUDIES, INC.**

Principal Place of Business <b>3785 N.W. 82ND AVE. STE. 211 MIAMI FL 33166</b>	Mailing Address <b>3785 N.W. 82ND AVE. STE. 211 MIAMI FL 33166</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Zip Country		3. Date Incorporated or Qualified <b>12/08/1983</b>	
		4. FEI Number <b>59-2355164</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
		8. 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 <b>AL, J. DR ESQUIVEL 9955 S.W. 87TH CT. MIAMI FL 33176</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PD	1.1 TITLE		1.2 NAME	
NAME	ESQUIVEL, DR. J. AL	1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
STREET ADDRESS	3785 N.W. 82ND AVE. STE. 211	2.1 TITLE		2.2 NAME	
CITY-ST-ZIP	MIAMI FL 33166	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE		3.2 NAME	
NAME	ESQUIVEL, DR. J. AL	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
STREET ADDRESS	3785 N.W. 82ND AVE. STE. 211	4.1 TITLE		4.2 NAME	
CITY-ST-ZIP	MIAMI FL 33166	4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE		5.2 NAME	
NAME	CARRIO, MARLENE A.	5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
STREET ADDRESS	3785 N.W. 82 AVE. STE. 211	6.1 TITLE		6.2 NAME	
CITY-ST-ZIP	MIAMI FL 33166	6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
TITLE		7.1 TITLE		7.2 NAME	
NAME		7.3 STREET ADDRESS		7.4 CITY-ST-ZIP	
STREET ADDRESS		8.1 TITLE		8.2 NAME	
CITY-ST-ZIP		8.3 STREET ADDRESS		8.4 CITY-ST-ZIP	
TITLE		9.1 TITLE		9.2 NAME	
NAME		9.3 STREET ADDRESS		9.4 CITY-ST-ZIP	
STREET ADDRESS		10.1 TITLE		10.2 NAME	
CITY-ST-ZIP		10.3 STREET ADDRESS		10.4 CITY-ST-ZIP	
TITLE		11.1 TITLE		11.2 NAME	
NAME		11.3 STREET ADDRESS		11.4 CITY-ST-ZIP	
STREET ADDRESS		12.1 TITLE		12.2 NAME	
CITY-ST-ZIP		12.3 STREET ADDRESS		12.4 CITY-ST-ZIP	
TITLE		13.1 TITLE		13.2 NAME	
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STREET ADDRESS		14.1 TITLE		14.2 NAME	
CITY-ST-ZIP		14.3 STREET ADDRESS		14.4 CITY-ST-ZIP	
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STREET ADDRESS		16.1 TITLE		16.2 NAME	
CITY-ST-ZIP		16.3 STREET ADDRESS		16.4 CITY-ST-ZIP	
TITLE		17.1 TITLE		17.2 NAME	
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CITY-ST-ZIP		18.3 STREET ADDRESS		18.4 CITY-ST-ZIP	
TITLE		19.1 TITLE		19.2 NAME	
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TITLE		23.1 TITLE		23.2 NAME	
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STREET ADDRESS		24.1 TITLE		24.2 NAME	
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TITLE		25.1 TITLE		25.2 NAME	
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CITY-ST-ZIP		26.3 STREET ADDRESS		26.4 CITY-ST-ZIP	
TITLE		27.1 TITLE		27.2 NAME	
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TITLE		49.1 TITLE		49.2 NAME	
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STREET ADDRESS		54.1 TITLE		54.2 NAME	
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TITLE		55.1 TITLE		55.2 NAME	
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STREET ADDRESS		56.1 TITLE		56.2 NAME	
CITY-ST-ZIP		56.3 STREET ADDRESS		56.4 CITY-ST-ZIP	
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TITLE		59.1 TITLE		59.2 NAME	
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TITLE		69.1 TITLE		69.2 NAME	
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STREET ADDRESS		70.1 TITLE		70.2 NAME	
CITY-ST-ZIP		70.3 STREET ADDRESS		70.4 CITY-ST-ZIP	
TITLE		71.1 TITLE		71.2 NAME	
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CITY-ST-ZIP		72.3 STREET ADDRESS		72.4 CITY-ST-ZIP	
TITLE		73.1 TITLE		73.2 NAME	
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STREET ADDRESS		74.1 TITLE		74.2 NAME	
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TITLE		75.1 TITLE		75.2 NAME	
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STREET ADDRESS		76.1 TITLE		76.2 NAME	
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TITLE		77.1 TITLE		77.2 NAME	
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CITY-ST-ZIP		78.3 STREET ADDRESS		78.4 CITY-ST-ZIP	
TITLE		79.1 TITLE		79.2 NAME	
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CITY-ST-ZIP		82.3 STREET ADDRESS		82.4 CITY-ST-ZIP	
TITLE		83.1 TITLE		83.2 NAME	
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STREET ADDRESS		84.1 TITLE		84.2 NAME	
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TITLE		85.1 TITLE		85.2 NAME	
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TITLE		87.1 TITLE		87.2 NAME	
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STREET ADDRESS		88.1 TITLE		88.2 NAME	
CITY-ST-ZIP		88.3 STREET ADDRESS		88.4 CITY-ST-ZIP	
TITLE		89.1 TITLE		89.2 NAME	
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CITY-ST-ZIP		90.3 STREET ADDRESS		90.4 CITY-ST-ZIP	
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STREET ADDRESS		92.1 TITLE		92.2 NAME	
CITY-ST-ZIP		92.3 STREET ADDRESS		92.4 CITY-ST-ZIP	
TITLE		93.1 TITLE		93.2 NAME	
NAME		93.3 STREET ADDRESS		93.4 CITY-ST-ZIP	
STREET ADDRESS		94.1 TITLE		94.2 NAME	
CITY-ST-ZIP		94.3 STREET ADDRESS		94.4 CITY-ST-ZIP	
TITLE		95.1 TITLE		95.2 NAME	
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STREET ADDRESS		96.1 TITLE		96.2 NAME	
CITY-ST-ZIP		96.3 STREET ADDRESS		96.4 CITY-ST-ZIP	
TITLE		97.1 TITLE		97.2 NAME	
NAME		97.3 STREET ADDRESS		97.4 CITY-ST-ZIP	
STREET ADDRESS		98.1 TITLE		98.2 NAME	
CITY-ST-ZIP		98.3 STREET ADDRESS		98.4 CITY-ST-ZIP	
TITLE		99.1 TITLE		99.2 NAME	
NAME		99.3 STREET ADDRESS		99.4 CITY-ST-ZIP	
STREET ADDRESS		100.1 TITLE		100.2 NAME	
CITY-ST-ZIP		100.3 STREET ADDRESS		100.4 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: *[Signature]* 02/19/98 (305)591-2308

CR2E034 (10/97)