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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # H84613

(9)

GERARDO OLARTE, PH.D, P.A. Trincipal Place of Business Mailing Address GERARDO OLARTE 9200 NE 12TH AVE MIAMI SHORES FL 33138 MIAMI SHORES FL 33138							
					3. Date Incorporated or Qualified 11/08/1985	3e. Date of 02/	Last Report 09/1995
Principal Pla	lace of Business	2a. Mailing Address 26			4. FEI Number 59-2606571		Applied For
Suite, Apt	#, etc	Suite, Apt. #, etc.			Certificate of Status Desired		Not Applicat \$8.75 Additional
City & Stale	e	City & State			Election Campaign Financing		\$5.00 May Be
Ζιρ:		28			Trust Fund Contribution		Added to Fees
e 1 ₁ .	Gountry [25]	Ζιρ 29	30	niry	8. This corporation has liability for Florida Statutes		inder s. 199.032,
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New		ent
OLADTE	E CEDADDO			81 Name			
Olarte, Gerardo 9200 ne 12th ave		82 Street A		82 Street Add	fress (P.O. Box Number is Not Accepta	abie)	
	SHORE FL 33138			83			
				04 03			
				84 City			85 Zip Code
familiar wit	etrage it, or both, in the state of rith, and accept the obligations of, S Signifies types or protest more of registerers	ection 607.0505, Florida Statu	inzed by the c tes.	orporation's boa	vation submits this statement for the p and of directors. I hereby accept the ap	pointment as reç	gistered agent. I am
familiar wit	th, and accept the obligations of, S	ection 607.0505, Florida Statu	NOTE Registered. 13. 1 1 TH 1.2 NAI	Agent signature require LE ME LEET ADDRESS	ard of directors. I hereby accept the ap	pointment as reg	pistered agent. I am
familiar wit NATURE FLADDRESS ST-ZP	PD OLARTE, GERARDO 9200 NE 12TH AVE MIAMI SHORES FL	Miled Solor Grange was annu- ection 607.0505, Florida Statu क्रांच्या क्रांच्या क्रांच्या क्रांच्या AND DIRECTORS	NOTE Registered. 13. 1 1 TH 1.2 NAI	Agent signature require LE ME SEET ADDRESS Y-SI-ZIP	ard of directors. I hereby accept the ap	LIATE FICERS AND DI	pistered agent. I am RECTORS IN 12 Change
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4. For Perety contry that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4). Fiorida 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;

Mary Jamel

* Elaste

2/14/96 (305) 758-4003