SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

STREET ADDRESS

In Block 12 or Block 13 if

SIGNATURE

CITY-ST-ZIP

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Jul 16 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** J27894 HERBERT STETTIN, P.A. Principal Place of Business Mailing Address ONE BISCAYNE TOWER, STE 3250 ONE BISCAYNE TOWER. STE 3250 TWO SOUTH BISCAYNE BLVD. TWO SOUTH BISCAYNE BLVD. DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33131 3. Date Incorporated or Qualified 08/08/1986 Applied For 2. Principal Piace of Business 2a. Mailing Address 4. FEI Number 26 59-2707499 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intengible 24 25 29 30 Personal Property Tax due June 30. Yes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STETTIN, HERBERT STE. 3250, ONE BISCAYNE TOWER 82 Street Address (P.O. Box Number Is Not Acceptable) 2 SOUTH BISCAYNE BLVD. 83 **MIAMI FL 33131** City 84 Zip Code prida Statutes, the above-named corporation submits this statement for the purpose of changing its registered hange was authorized by the corporation's board of directors. I hereby accept the appointment as registered \$2.05,05, Florida Statutes. Pursuant to the pre office or registere agent. I am famili SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. TITLE 1.1 TITLE DELETE Change Addition STETTIN, HERBERT NAME 1.2 NAME STE, 3250, ONE BISCAYNE TW, 2 S. BISCAYNE STREET ADORESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition 2.2 NAME NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE DELETE _ Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIF TITLE DELETE 4.1 TITLE 1.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE __ Change ___ Addition DELETE 2000025909 NAME 6.2 NAME **-0**7/16/98--01048--003

6.3 STREET ADDRESS

14. I hereby certify that the Information supplied with his filing does not qualify for the exemption stated in section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report of supplementar 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 ceiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

***150.00

FILED

CR2E034 (5/98)

HERBERT STETTIN, P.A.

LAW OFFICES

ONE BISCAYNE TOWER

2 So. BISCAYNE BOULEVARD . SUITE 3250

MIAMI, FLORIDA 33131

HERBERT STETTIN

TELEPHONE (305) 374-3353 TELECOPIER (305) 374-6366

July 10, 1998

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re:

Profit Corporation Annual Report

FEI Number - 59-2707499

Gentlemen:

Enclosed please find my 1998 Annual Report for Herbert Stettin, P.A., together with my check for \$150.00 payable to your Department. I never did receive the original Annual Report form. Please accept this form as timely filed. Should you have any questions, please contact me.

Sincerely,

HERBERT STETTIN, P.A.

Herbert Stettin

HS:lsb

Enclosure