

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04 2000 8:00 am
Secretary of State

DOCUMENT # J62212

1. Corporation Name
HIALEAH VENTURES, INC.



Principal Place of Business: 7101 SW 99 AVE, STE D-108, MIAMI FL 33173
Mailing Address: 7101 SW 99 AVE, STE D-108, MIAMI FL 33173, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/17/1987	
City & State		City & State		4. FEI Number	
Zip		Zip		59-2787752	
Country		Country		Applied For	
25		29		Not Applicable	
25		29		5. Certificate of Status Desired	
25		29		8.75 Additional Fee Required	
25		29		6. Election Campaign Financing	
25		29		Trust Fund Contribution	
25		29		5.00 May Be Added to Fees	
25		29		8. This corporation owes the current year	
25		29		Intangible Personal Property.	
25		29		Yes No	

9. Name and Address of Current Registered Agent

A Z REGISTERED AGENT CORPORATION
2601 S. BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133

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

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	
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	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 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]* 9/27/99 (205) 596 5466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)

J62212

Py Zafz

NOVOA & CARUSO, M.D.'S, P.A.
GABRIEL NOVOA JR., M.D.
MARK P. CARUSO, M.D.
INTERNAL MEDICINE
AND CARDIOVASCULAR DISEASES

7101 S.W. 99th AVENUE
BUILDING D, SUITE 108
MIAMI, FLORIDA 33173
(305) 596-5966

APRIL 13, 2000

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
P.O. BOX - 6327
TALLAHASSEE, FLORIDA 32314

RE: HIALEAH VENTURES INC/ANNUAL CORPORATION REPORTS
REF: J62212

ATTN: MICHELLE MILLIGAN

DEAR MICHELLE:

AS PER OUR CONVERSATION YESTERDAY RE: CORPORATION FILING
WE WERE REQUESTED TO REVISE OUR ORIGINAL LETTER DATED 2/29/00
WHERE WE STATED THAT WE HAD NOT RECEIVED THE INITIAL PAK AND
THAT THE DISSOLUTION NOTICE WAS RECEIVED WHEN WE HAD RESPONDED
TO THE 2ND NOTICE WHERE YOUR OFFICE ADVISED TO SEND PAK BACK
WITH THE \$300.00 CHECK DATED 2/29/00.

WE HAVE BEEN SPEAKING WITH YOU BACK AND FORTH AND AM CONCERNED
THAT THIS WILL CONTINUE TO BE A PROBLEM. AS I EXPLAINED TO YOU
WE ONLY RESPOND TO THE INSTRUCTIONS THAT WERE GIVEN TO US TO
COMPLY WITH THE PROPER HANDLING FOR RENEWAL.

PLEASE FIND THE ORIGINAL FORM DATED 9/27/00, THE CHECK FOR
\$300.00 AND THE COPIES OF PREVIOUS CORRESPONDENCE.

THANKING YOU IN ADVANCE:

SINCERELY,


TANIA T. MEDINA
ADMINISTRATOR

TTM/ss

copies