

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 29 1997 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **K13869** (8)
1. Corporation Name
EDUARDO I. RASCO, P.A.



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| Principal Place of Business 1031 N. MIAMI BCH BLVD N. MIAMI BCH FL 33162 | Mailing Address 1031 N. MIAMI BCH BLVD N. MIAMI BCH FL 33162 |
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DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|--|--|
| 2. Principal Place of Business 21 2875 NE 191 ST Suite, Apt. #, etc. 22 SUITE 500 City & State 23 AVENTURA FL. Zip 24 33180 Country 25 USA | | 2a. Mailing Address 26 2875 NE 191 ST. Suite, Apt. #, etc. 27 SUITE 500 City & State 28 Aventura, FL. Zip 29 33180 Country 30 USA | | 3. Date Incorporated or Qualified 02/04/1988 | 3a. Date of Last Report 05/09/1996 |
| | | 4. FEI Number 65-0027347 | | Applied For <input type="checkbox"/> Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

RASCO, EDUARDO I
1031 N. MIAMI BEACH BLVD
N. MIAMI BCH FL 33162

10. Name and Address of New Registered Agent

| | |
|---|--------------------------|
| 81 Name | RASCO, EDUARDO I. |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 2875 NE 191 ST. |
| 83 | SUITE 500 |
| 84 City | Aventura |
| 85 Zip Code | FL 33180 |

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 | |
| TITLE | PSD | 1.1 TITLE | PSD |
| NAME | RASCO, EDUARDO I. | 1.2 NAME | RASCO, EDUARDO I. |
| STREET ADDRESS | 1031 N. MIAMI BCH BLVD | 1.3 STREET ADDRESS | 2875 NE 191 ST. SUITE 500 |
| CITY-ST-ZIP | N. MIAMI BCH FL | 1.4 CITY-ST-ZIP | AVENTURA, FL. 33180 |
| TITLE | | 2.1 TITLE | |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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.

CR2E034 (4/97)