

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
FILED

10/2

004132

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

98 AUG 24 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K34080 (7)
1. Corporation Name
C.M.S. OF MIAMI, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
% ROBERT SLIFE
4565 PONCE DE LEON BLVD., STE. 100
CORAL GABLES FL 33146
US

Mailing Address
% ROBERT SLIFE
4565 PONCE DE LEON BLVD., STE. 100
CORAL GABLES FL 33146
US

3. Date Incorporated or Qualified

09/26/1988

4. FEI Number

65-0080228

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

SLIFE, ROBERT
4565 PONCE DE LEON BLVD.
SUITE 100
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	SLIFE, ROBERT	4565 PONCE DE LEON BOULEVARD, SUITE 100	CORAL GABLES FL	<input type="checkbox"/>
SD	ELMSTEDT, ROBERT	4565 PONCE DE LEON BLVD. STE. #100A	CORAL GABLES FL 33146	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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****150.00****150.00

8-25-98

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:

CR2E034 (5/98)



June 30, 1998

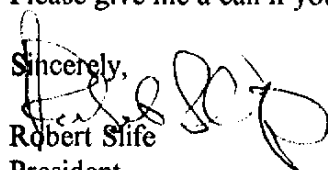
Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To whom it may concern,

I just received another renewal for my corporation CMS of Miami, Inc. I sent check #1536 in the amount of \$150.00 on April 1, 1998 to pay for the following renewal. I am not sure why you never received this check. I have checked with my bank and they informed me that the check has never been cashed. I placed a stop payment on this check and have enclosed another check for \$150.00 to renew my corporation.

Please give me a call if you should have any questions. I apologize for the delay in payment.

Sincerely,


Robert Slife
President

State Licensed General Contractors & Builders
Licensed Real Estate Broker
4565 Ponce De Leon Blvd, Suite 100A
Coral Gables, FL 33146 USA
Telephone (305) 665-8770 • FAX (305) 665-8287