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Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90004 011 ***300.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K50378

1. Corporation Name
LUCIO, MANDLER, CROLAND, BRONSTEIN, GARBETT, STIPHANY & MARTINEZ, P.A.

Principal Place of Business 701 BRICKELL AVE. SUITE 2000 MIAMI FL 33131	Mailing Address 701 BRICKELL AVE. SUITE 2000 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/03/1988	4. FEI Number 65-0089263	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip Country	28 Zip Country	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24	25	29	30	

9. Name and Address of Current Registered Agent WLMC REGISTERED AGENTS, INC 701 BRICKELL AVE, SUITE 2000 MIAMI FL 33131		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. (NOT Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROLAND, LESLIE J.	1.2 NAME	MARTINEZ, ELIO F.
STREET ADDRESS	701 BRICKELL AVE #2000	1.3 STREET ADDRESS	701 BRICKELL AVE, #2000
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCIO, SATURNINO E., II	2.2 NAME	
STREET ADDRESS	701 BRICKELL AVE #2000	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDLER, JEFFREY L.	3.2 NAME	
STREET ADDRESS	701 BRICKELL AVE #2000	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIPHANY, GARY S	4.2 NAME	
STREET ADDRESS	701 BRICKELL AVE #2000	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	4.4 CITY-ST-ZIP	
TITLE	MVD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRONSTEIN, PETER E	5.2 NAME	
STREET ADDRESS	701 BRICKELL AVE. #2000	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARBETT, DAVID S.	6.2 NAME	
STREET ADDRESS	701 BRICKELL AVE. #2000	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 with all other like empowered.

SIGNATURE: Saturnino E. Lucio Date: 4/6/99 Telephone: 305-536-8850

CR2E034 (11/98)