

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Jan 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L25516 (0)

1. Corporation Name
JOSE A. SANTOS, JR., P.A.



Principal Place of Business 201 S BISCAYNE BLVD SUITE 3000 MIAMI FL 33131 US	Mailing Address 201 S BISCAYNE BLVD SUITE 3000 MIAMI FL 33131-4330 US
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3. Date Incorporated or Qualified 10/26/1989	3a. Date of Last Report 01/30/1996
4. FEI Number 65-0151070 65-0155236	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**SANTOS, JOSE A. JR.
201 S BISCAYNE BLVD
SUITE 3000*****
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 _____ (NOTE: Registered Agent signatures required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PST <input type="checkbox"/> DELETE
NAME	SANTOS, JOSE A., JR
STREET ADDRESS	44 W FLAGLER ST, 18TH FL
CITY - ST - ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
2.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2. NAME	
2.3. STREET ADDRESS	
2.4. CITY - ST - ZIP	
3.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2. NAME	
3.3. STREET ADDRESS	
3.4. CITY - ST - ZIP	
4.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2. NAME	
4.3. STREET ADDRESS	
4.4. CITY - ST - ZIP	
5.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2. NAME	
5.3. STREET ADDRESS	
5.4. CITY - ST - ZIP	
6.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2. NAME	
6.3. STREET ADDRESS	
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

SIGNATURE: **By: [Signature] President 1-5-97 (305)373-9400**

DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)