

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

FILED

Feb 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

DOCUMENT # L80967

(7) 1/8/97 NC

1. Corporation Name:  
WHEELER & SEGARRA, P.A. Luis A. Segarra, P.A.



Principal Place of Business  
5825 SUNSET DR  
SUITE 300  
S MIAMI FL 33143  
US

Mailing Address  
5825 SUNSET DR  
SUITE 300  
S MIAMI FL 33143-5222  
US

3. Date Incorporated or Qualified: 06/18/1990  
3a. Date of Last Report: 04/12/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: 65-0201954  
Applied For: Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

23 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHEELER, HAROLD A. SR.  
5825 SUNSET DRIVE  
SUITE 300  
SOUTH MIAMI FL 33143

81 Name: Gredna M. Torres  
82 Street Address (P.O. Box Number is Not Acceptable): 5825 Sunset Dr. Suite 300  
83  
84 City: S. Miami FL 85 Zip Code: 33143

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: Gredna M. Torres

DATE: 1/6/96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                           |                                 |
|-----------------|---------------------------|---------------------------------|
| TITLE           | PST                       | <input type="checkbox"/> DELETE |
| NAME            | SEGARRA, LUIS A           |                                 |
| STREET ADDRESS  | 5825 SUNSET DR. SUITE 300 |                                 |
| CITY - ST - ZIP | S. MIAMI FL               |                                 |
| TITLE           | D                         | <input type="checkbox"/> DELETE |
| NAME            | SEGARRA, LUIS A           |                                 |
| STREET ADDRESS  | 5825 SUNSET DR. SUITE 300 |                                 |
| CITY - ST - ZIP | S. 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 |                           |                                 |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |                                                                   |
| 13 STREET ADDRESS  |                                                                   |
| 14 CITY - ST - ZIP |                                                                   |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |                                                                   |
| 23 STREET ADDRESS  |                                                                   |
| 24 CITY - ST - ZIP |                                                                   |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |                                                                   |
| 33 STREET ADDRESS  |                                                                   |
| 34 CITY - ST - ZIP |                                                                   |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |                                                                   |
| 43 STREET ADDRESS  |                                                                   |
| 44 CITY - ST - ZIP |                                                                   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |                                                                   |
| 53 STREET ADDRESS  |                                                                   |
| 54 CITY - ST - ZIP |                                                                   |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            | 400002088584                                                      |
| 63 STREET ADDRESS  | -02/17/97--01006--012                                             |
| 64 CITY - ST - ZIP | ***165.00                                                         |

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 or on an attachment with an address.

SIGNATURE: Luis A. Segarra

DATE: 1/28/97 (005) 661-3033

CR2E034 (9/96)