

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # L96907 (5)

1. Corporation Name:
ENRIQUE CASERO, PH.D., P.A.



Principal Place of Business: **1495 S MIAMI AVE MIAMI FL 33130**
Mailing Address: **1495 S MIAMI AVE MIAMI FL 33130**

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:
**CASERO, ENRIQUE, PH.D.
1495 S MIAMI AVE
MIAMI FL 33130**

3. Date Incorporated or Qualified: **08/30/1990**
3a. Date of Last Report: **01/24/1995**
4. FEIN number: **65-0218927**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
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 607.01(2) and 607.14(8), 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. The filer, at least the appointment as registered agent, is familiar with, and accept the obligations of, Section 607.01(2), Florida Statutes.

SIGNATURE		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASERO, ENRIQUE, PH.D.	2. NAME	
STREET ADDRESS	3710 BATTERSEA ROAD	3. STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2. TITLE	
NAME		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY-ST-ZIP		2. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3. TITLE	
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY-ST-ZIP		3. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4. TITLE	
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY-ST-ZIP		4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5. TITLE	
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY-ST-ZIP		5. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6. TITLE	
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY-ST-ZIP		6. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

000001772710
-04/08/96--01084--015 Change Addition
*****200.00**

14. I do hereby certify that the information supplied with this filing is accurately furnished and I does not qualify for the exemption stated in Section 119.07(3)(k), 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: [Signature] ENRIQUE E CASERO ph.d

FEB 10 1996 (305) 372-8928

CR2E034 (12/95)

14-8-96