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Jun 18 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 # M05551 (0)

1. Corporation Name  
DE OLIVEIRA & ASSOCIATES, P.A.

Principal Place of Business  
2701 LE JEUNE ROAD  
SUITE 350  
CORAL GABLES FL 33134

Mailing Address  
2701 LE JEUNE ROAD  
SUITE 350  
CORAL GABLES FL 33134-5821



3. Date Incorporated or Qualified 09/21/1984  
3a. Date of Last Report 04/11/1996

2. Principal Place of Business 21 2701 LeJeune Rd Suite, Apt. #, etc. Ste 345 22 City & State Coral Gables, FL 23 Zip 33134 Country USA	2a. Mailing Address 26 same 27 Suite, Apt. #, etc. 28 City & State 29 Zip Country	4. FEI Number 59-2451112 Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

DE OLIVEIRA, CRISTINA  
757 NW 27TH AVENUE  
THIRD FLOOR  
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name Cristina De Oliveira  
82 Street Address (P.O. Box Number is Not Acceptable) 2701 LeJeune Rd 345  
83 City Coral Gables FL 85 Zip Code 33134

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 607.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE 6/12/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P. D.
NAME	DE OLIVEIRA, CRISTINA	1.2 NAME	De Oliveira Cristina
STREET ADDRESS	2701 LEJEUNE RD., STE. 350	1.3 STREET ADDRESS	2701 LeJeune Rd #345
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, changed, or on an attachment with an address.

CR2E034 (9/96)