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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1997		DIVISION OF CORPORATIONS			Secretary of State			
	MENT # M In Marrie L e. Moran, M. D		(4)				Î. Î	
Principal Pla:	ce of Business	Mailing	Address					AN DIDH TALI
1321 NW 14TH ST #601 MIAMI FL 33125-8673			1321 NW 14TH ST #601 MIAMI FL 33125-1653					
						3. Date Incorporated or Qualified 11/29/1984	3a. Date of Las 02/27/199	
·	Place of Business	}—¬	ing Address			4. FEI Number 59-2476412		Applied For
21 Suite, Apt	#, etc.	26 Suit	e, Apt. #, etc.		···		□ \$8.7	Not Applicable 5 Additional
22		27				5. Certificate of Status Desired		Required
City & Sta	te	28 C-ly	& State			Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip	Count			Coun	try	8. This corporation has liability for	intangible tax unde	
24	25	29 ess of Current Registered	l Annat	30		Florida Statutes 10. Name and Address of New Re	Yes No	
MO	RAN, MANUEL E.	ass of Current negistered	Agent		31 Name	10, Name and Address of New Ad	agisteren Agent	
	1 NW 14TH ST #601			\ -		description of the second	LI.	
	MI FL 33125			ľ	Street Add	dress (P.O. Box Number is Not Accepta	nie)	
				8	33			
				Ē	34 City		FL 85 2	ip Code
1	to the provisions of Sec registered agent for bot and tabular with land ac	storis 607.0502 and 607.15 fr, in the State of Florida. S cept the obligations of Sec	08, Florida Statu uch change was tion 607.0505, Fl	tes, the abo authorized lorida Statu	ove-named col by the corpora tes.	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of changing the appointment	g its registered as registered
SIGNATURE		colling about agent and title happy			Agent signature requ	uired when reinstating)	DATE	
12.	PSD	DEFICERS AND DIRECTOR	RS DELETE	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	(
NAME	MORAN, MANUEL	F.	C OECETE	1.1 TITU 1.2 NAM	_		Chair	Audition 16
STREET ADJACES	1321 NW 14TH ST				EET ADDRESS			,
C 1Y-51-7P	MIAMI FL			•	r-ST-ZIP			()
Ti"(E	· · · · · · · · · · · · · · · · · · ·		DELETE	2.1 TITL			☐ Chan	ge 🔲 Addition
NAME	İ			2.2 NAM	A €			Į
Steel All Thess				2.2 \$791	EET ADDRESS	in the second se		i .
CHY 51 76				2.0 010	LET MODILESS			
THEF			Dr) cre	2 4 CIT	Y-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
	ļ - ·		DELETE	2 4 CIT	Y-ST-ZIP		Chan	ge Addition
MAMi			DELETE	2 4 CIT 3 1 TITU 3 2 NAN	Y-ST-ZIP E Me		∵ ☐ Chan	je Addition
NAME SCHELL ADDRESS			DELETE	2 4 CIT 3 1 TITU 3 2 NAN 3.3 STRI	Y-ST-ZIP E ME EET ADDRESS	· · · · · · · · · · · · · · · · · · ·	☐ Chan	ge [] Addition
MAMi			☐ DELETE	2 4 CIT 3 1 TITU 3 2 NAN 3.3 STRI	Y-ST-ZIP E ME EET ADDRESS Y-ST-ZIP		☐ Chan	
NAME SCHELL ADDRESS COLVESTE ZIP				2 4 CIT 3 1 TITU 3 2 NAN 3.3 STRI 3.4 CIT	Y-ST-ZIP E ME EET ADDRESS Y-ST-ZIP E			
NAME SCHELL ADDRESS CHYSES VIP THE				2 4 CIT 3 1 TITL 3 2 NAN 3.3 STRI 3.4 CIT 4.1 TITL 4. 2 NAN	Y-ST-ZIP E ME EET ADDRESS Y-ST-ZIP E			
NAME STREET ADDRESS COVESSEZIR THE NAME STREET ADDRESS COVESSEZIR			☐ DELETE	2 4 CIT 3 1 TITU 3 2 NAN 3.3 STRI 3.4 CIT 4.1 TITU 4.2 NAN 4.3 STRI 4.4 CITY	Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E ME EET ADDRESS (-ST-ZIP		☐ Chan	ge Addition
NAME SCHELLADINELS COVESTEZIN THE NAME SCHELLADINES COVESTEZIN DIVE				2 4 CIT 3 1 TITL 3 2 NAN 3 3 STRI 3 4 CIT 4.1 TITL 4 2 NAN 4.3 STRI 4.4 CITY 5 1 TITL	Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E ME EET ADDRESS (-ST-ZIP E			ge Addition
NAME SCHELLADINELS CHYSE-ZIP THE NAME SHIELT ADDRESS CHYSE-ZIP THE NAME NAME			☐ DELETE	2 4 CIT 3 1 TITL 3 2 NAN 3 3 STRI 3 4 CIT 4.1 TITL 4 2 NAN 4.3 STRI 4.4 CITY 5 1 TITL 5 2 NAM	Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E ME EET ADDRESS (-ST-ZIP E AE		☐ Chan	ge Addition
NAME SCHOOL ADDRESS CHYSE-ZIP THE NAME STHEET ADDRESS CHYSE-ZIP THE NAME STREET ADDRESS			☐ DELETE	2 4 CIT 3 1 TITL 3 2 NAN 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAN 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRI	Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E EET ADDRESS (-ST-ZIP E AE EET ADDRESS		☐ Chan	ge Addition
NAME SCHELLADINELS CHYSE-ZIP THE NAME SHIELT ADDRESS CHYSE-ZIP THE NAME NAME			☐ DELETE	2 4 CIT 3 1 TITL 3 2 NAN 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAN 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRI	Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E ME EET ADDRESS (-ST-ZIP E AE EET ADDRESS (-ST-ZIP E EET ADDRESS		☐ Chan	ge Addition
NAME SCHELL ADDRESS CHYSE-ZIP THE NAME SHRET ADDRESS CHYSE-ZIP THE NAME STREET ADDRESS CHYSE-ZIP			DELETE DELETE	2 4 CIT 3 1 TITL 3 2 NAN 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAN 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRI 5.4 CITY	Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E ME EET ADDRESS (-ST-ZIP E AE EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E		☐ Chan	ge Addition

64 CITY-S1-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 oriestor 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:

Manuel & huran , My HAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HANUEL E. MORAN

305-325-1700

Daytime Prione # 0183

FILED

Mar 18 1997 8:00am