


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

FILED

Jun 06 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 # M27339 (4)
1. Corporation Name
BRADSHAW LOTSPEICH, P.A.

Principal Place of Business 850 SOUTH MIAMI AVENUE MIAMI FL 33130	Mailing Address 850 SOUTH MIAMI AVENUE MIAMI FL 33130-4121
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2. Principal Place of Business 21 800 Lenox Avenue Suite, Apt. #, etc. 22 City & State 23 Miami Beach FL 24 Zip 33139 25 Country USA		2a. Mailing Address 26 800 Lenox Avenue Suite, Apt. #, etc. 27 City & State 28 Miami Beach FL 29 Zip 33139 30 Country USA		3. Date Incorporated or Qualified 02/13/1986	3a. Date of Last Report 01/24/1996
				4. FEI Number 59-2639486	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	

9. Name and Address of Current Registered Agent LOTSPEICH, BRADSHAW 850 SOUTH MIAMI AVENUE MIAMI FL 33130		10. Name and Address of New Registered Agent 81 Name Rolando E. Leiva, CPA, PA 82 Street Address (P.O. Box Number is Not Acceptable) 7400 S.W. 50 TERR. 83 SUITE 302 84 City Miami FL 85 Zip Code 33155	
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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 607.0509, Florida Statutes.

SIGNATURE Bradshaw Lotspeich Rolando Leiva, CPA 5/30/97
Signature of officer or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOTSPEICH, BRADSHAW 850 SOUTH MIAMI AVENUE MIAMI FL 33130-4121 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD Bradshaw Lotspeich 800 Lenox Avenue Miami Beach FL 33139-5621 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MILES, JOSEPH A. 850 SOUTH MIAMI AVENUE MIAMI FL 33130-4121 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Bradshaw Lotspeich Bradshaw Lotspeich 5/30/97

CR2E034 (9/96)

Bradshaw Lotspeich

ATTORNEY

305. 372. 0003

950 SOUTH MIAMI AVENUE MIAMI FLORIDA 33130-4121

FAX 305. 372. 8668

5/30/97

Dear Sir or Madam,

I closed my office and have been living in South America for some months (since December) and just returned.

Consequently, I request that this application be accepted without the penalty. The secretary who was supposed to be attending to such matters did not...

Please call me, with any questions or comments, at (305) 531-3999. My address is as indicated in the enclosed.

Thank you for your attention to this...

Sincerely yours,

Bradshaw Lotspeich