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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996
DOCUMENT #

M33271

(1)

1. Comporation Name

STAURER & BASSAN, M.D. P.A.

	on Ausiness	Mailing Advisors		<del>-</del> ·			
Principal Place of Business  7000 SW 62ND AVENUE SUITE PENTHOUSE S SOUTH MIAMI FL 33143		STE PH-S	7000 SW 62ND AVENUE				
U\$		06/06/1986 04			of Last Report 4/27/1995		
	ace of Business	2a. Mailing Address			4. FEI Number	<del></del>	Applied For
21 Suite Aut	n str	26 Suite, Apt. #, etc.			59-2679269		Not Applicable
[27]		· /n]			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip Country Zip 4 25 29		h n	Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No		
24	9, Name and Address of Curren		130		10. Name and Address of New		nt
				11 Name	14. Traile and Lineshop Of HOM	Bioining wife	
	er, ronald		[	2 Street Add	dress (P.O. Box Number is Not Accepta	ible)	
	N 62ND AVENUE			13	· · · · · · · · · · · · · · · · · · ·		
STE PH	<del>7</del>		1	3			
SOUTH	MIAMI FL 33143		1	14 City		FL 8	5 Zip Code
familiar wit SIGNATURE.	ed agent, or both, in the state of Flore th, and accept the obligations of. Sect Styletine, typed or pilited have of rejetured agent OFFICERS AN	ion 607.0505, Florida Statute	9S. IOTE: Rogistered A		and of directors. Thereby accept the ap	DATE	
12. Title	DP OFFICERS AND	DELETE	13.	<u> </u>	ADDITIONS/CHANGES TO OF	FICERS AND DIR	
NAME	STAUBER, RONALD		1.2 NAM			L 0,	isube [ Nandibil
STREET ADDRESS	2524 REGATTA AVENUE			ET ADDRESS			
G(FY - S1 - Z(F)	MIAMI BCH FL			- ST - ZIP			
THE	D	DELETE	2 1 1110			☐ CH	nange [] Addition
NAME	BASSAN, ISSAC		2 2 NAM	E			
STREET ADURESS	1890 N.E. 198TH TERR.		2.3 STR	ET ADDRESS			
OCY+\$1-712	N. MAIMI BCH FL	E1 br. cr.		- ST - ZIP			FT5
THE NAME		DELETE	3 1 1116			Cr	nange 🗀 Addition
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CHY-S1-Zift				- ST- ZIP			
1:164	·· · · · · · · · · · · · · · · · ·	DELETE	4 1 TITE			Cr	nange
NAME			4 2 NAM	E			_
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CITY - ST - ZIF			4.4 CITY	-ST-ZIP	<u> </u>		
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NAME			5.2 NAM				
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C(TY+ST-ZIP		FINELETE		-ST-2IP			annan (T) 4ddata
TOLE NAME		☐ DELETE	6 1 THTL			☐ Ch	nange 🔲 Addition
NAME STREET ADDRESS :			6.2 NAM				
CFY-ST-7IP				ET ADDRESS - ST - ZIP			
01.77017415	I		64 CHY	- 51 - 71L			

4. Lob hereby certify that the information supplied with this fling is voluntarily furnished and 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 cath; 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:

Ronald Stanler
IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96 (305/669-8300)
Detri

**FILED** 

Secretary of State

Feb 09 1996 8:00 am