

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M82938** (5)

1. Corporation Name
BICHARA & CEBALLOS, P.A.



Principal Place of Business: **1405 SW 107 AVENUE #301A MIAMI FL 33174**
Mailing Address: **1405 SW 107 AVENUE #301A MIAMI FL 33174**

3. Date Incorporated or Qualified 05/25/1988	3a. Date of Last Report 02/14/1995
4. FET Number 65-0049408	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	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**CEBALLOS, GUSTAVO
1405 S.W. 107 AVE.,
SUITE 301A
MIAMI FL 33174**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS	
12.1 NAME: D BICHARA, RICARDO	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS: 1405 SW 107 AVE. #301A MIAMI FL	
12.3 CITY, ST, ZIP: D CEBALLOS, GUSTAVO	<input type="checkbox"/> DELETE
12.4 STREET ADDRESS: 1405 SW 107 AVE. #301A MIAMI FL	
12.5 CITY, ST, ZIP:	
12.6 NAME:	<input type="checkbox"/> DELETE
12.7 STREET ADDRESS:	
12.8 CITY, ST, ZIP:	
12.9 NAME:	<input type="checkbox"/> DELETE
12.10 STREET ADDRESS:	
12.11 CITY, ST, ZIP:	
12.12 NAME:	<input type="checkbox"/> DELETE
12.13 STREET ADDRESS:	
12.14 CITY, ST, ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME:	
13.3 STREET ADDRESS:	
13.4 CITY, ST, ZIP:	
13.5 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME:	
13.7 STREET ADDRESS:	
13.8 CITY, ST, ZIP:	
13.9 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME:	
13.11 STREET ADDRESS:	
13.12 CITY, ST, ZIP:	
13.13 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME:	
13.15 STREET ADDRESS:	
13.16 CITY, ST, ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(s), 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 to an address.

SIGNATURE: *Ricardo Bichara*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96 220-6835
Date Digital Print #

CR2E034 (12/95)