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



FLORIDA DEPARTMENT OF STATE

ANNL	JAL REPORT		andra B. Mortham Secretary of State DN OF CORPORATIONS		
	MENT # P930	000046524	(3)	_	
DR. M	ICHELLE M. RIVERA, PA			4 1881/481: HD 18100 HHH 881H 881H	ATINI BANJ BIBJA ANGJ BING NAKA BIBU MAN
		Mailing Address			
		7251 N.W. 88TH TAMARAC FL 33			
				3. Date incorporated or Qualified 07/01/1993	3a. Date of Last Report 04/28/1995
2. Principal Pl. 21	ace of Business	2a. Mailing Address	\$	4. FE: Number 65-0417125	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	to	5. Certificate of Status Desired	\$8.75 Additional
Orty & State	9	Oty & State		Election Centralign Financing Trust Fund Contribution	Fee Required \$5.00 May Be Added to Fees
Zip 24	Country 25	Ζφ 29	Country 30	This corporation has liability for Florida Statutes Yes	
	9. Name and Address of Cu	irrent Registered Agent		10. Name and Address of New R	
RIVERA,	MICHELLE M		81 Name 82 Street Add	(C) O Do Aleste in No. 4	
	W. 88TH AVENUE			ess (P.O. Box Number is Not Acceptab	16)
IAMARA	AC FL 33321		83		
			84 City		FL 85 Zip Code
familiar wit	ed agent, or both, in the State of fi th, and accept the obligations of S Signature types or problems in of regulations	Section 607.0505, Florida Sta	trionzea by the carbaration's has	ation submits this statement for the pured of directors. Thereby accept the appoint	pintment as registered agent. I am
12. TITLE		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CFRS AND DIRECTORS IN 12
NAME	RIVERA, MICHELLE M	DELETE	1 1 TVIJE 12 NAME		Change Addition
STREET ADDRESS	7251 N.W. 88TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TAMARAC FL 33321	DELETE	1.4 C(TY+ST+ZP) 2.1 T((LE		Change Addition
NAME			2.2 NAMF		Onlings Accition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-2IP TITLE		DELETE	2.4 C/LY - S1 - ZIP 3.1 T/L - E		Change Adoition
NAME			3 2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		DELFTE	3 4 CFY - ST - 7FP 4 1 TFLE		Change Addition
NAME CIRCET ADDRESS			4.2 NAME		
STREET ADDRESS City-ST-Zip			4.3 STREET ADDRESS 4.4 GRY-ST-ZIP		
TITLE		DEFEIE	5 1 TALE		Criange Addition
NAME OTREST LIBROSON			5.2 NAM(
STREET ADDRESS City-S1-Zip			5.3 STREET ADDRESS		
TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
DITH OF THE			64CEY-S[-7P		
14. I do hereby	certify that the information suppli-	ed who this fling is voluntarily	furnished and does not qualty for	or the exemption stated in Section 119.0	7/(3)/k) Fiorida Statutos (Euthor
14. I do hereby certify that oath; that I	an an officer or director of the co		furnished and does not quality for annual report is true and accurating stee empowered to execute this	or the exemption stated in Section 119.0 to and that my signature shall have the s s report as required by Chapter 607, Flo	