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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000075192 (3)

1. Corporation Name

THE DORAN JASON GROUP OF MIAMI BEACH, INC.



Principal Place of Business

Mailing Address

830 LINCOLN ROAD
MEZZ.
MIAMI BEACH FL 33139

830 LINCOLN ROAD
MEZZ.
MIAMI BEACH FL 33139

2. Principal Place of Business

2a. Mailing Address

21 1680 MERIDIAN AVE

26 8600 DORAL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE

27 SUITE 101

City & State

City & State

23 MIAMI BEACH FL

28 MIAMI

Zip

Country

Zip

Country

24 33139

25 DADE

29 FL

30 33166

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JASON, PATRICIA C
8600 DORAL BLVD.
SUITE 101
MIAMI FL 33166

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE

Signature: typed 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
PTSD
JASON, DORAN A
8600 DORAL BLVD., SUITE 101
MIAMI FL 33166

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
VILL PRESIDENT
MONTE D. GARWETS
8600 DORAL BLVD SUITE 101
MIAMI FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DORAN A. JASON

APRIL 29 96 3055327606

Date

Daytime Phone #

CR2E034 (12/95)