

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

FILED
 Aug 22 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT
~~1997-1998~~



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

DOCUMENT # P94000064604
 1. Corporation Name
Robert Amaral, P.A.
 333 W Camino Gardens Blvd. #102
 Boca Raton, FL 33432

Principal Place of Business Mailing Address
 333 W Camino Gardens Blvd. #102 Same
 Boca Raton, FL 33432

2. Principal Place of Business 2a. Mailing Address
 21 2499 GLADES RD 26 2499 GLADES RD
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 305A 27 #305A
 City & State City & State
 23 BOCA RATON FL 28 BOCA RATON FL
 Zip Country Zip Country
 24 33431 25 USA 29 33431 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report
 8-29-94 8-12-1996

4. FEI Number Applied For
 65-0386290 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

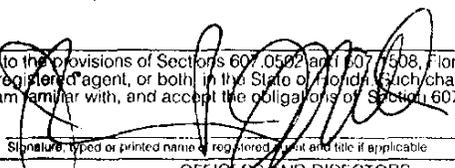
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 Robert Amaral
 333 W Camino Gardens Blvd #102
 Boca Raton, FL 33432

10. Name and Address of New Registered Agent
 81 Name JOHN P. MILLER
 82 Street Address (P.O. Box Number is not acceptable) 2499 GLADES RD
 83 STE 305A
 84 City BOCA RATON FL 85 Zip Code 33431

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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  JOHN P. MILLER 8/18/97
 (NOTE: Registered Agent signature required when reinstating)

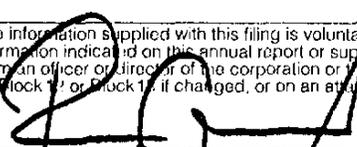
12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	Robert Amaral	333 W Camino Gardens Blvd #102	Boca Raton, FL 33432	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	900002277779
5.3 STREET ADDRESS	-08/26/97--01041--022
5.4 CITY-ST-ZIP	***550.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PE
6.3 STREET ADDRESS	8.22
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 a receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:  8-18-97 561-395-5576
 (NOTE: Registered Agent signature required when reinstating)

CP2E034 (3/96)