## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

MIAMI FL 33173-3273

2s. Mailing Address

9960 SUNSET DR SUITE 250

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

MIAMI FL 33173

9360 SUNSET DR SUITE 250

2. Principal Place of Business



appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000075952 (9)

BERGER SCHOEN & ASSOCIATES, INC.

65-0534816 26 Not Applicable 21 Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** Added to Fees 23 28 Country Zφ Country  $Z_{1D}$ 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BERGER, JUDITH E 9360 SUNSET DR SUITE 250 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33173** 83 84 City Zip Code 85 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 Signal sel typodio, printed name of registerios agent and ritle if applicable (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. 12. DELETE Change TITLE 1.1 TITLE BERGER, JUDITH E NAME 1.2 NAME 9360 SUNSET DR SUITE 250 STREET ADDRESS 1.3 STREET ADDRESS MIAM! FL 33173 14 CITY-SY-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TOLE SCHOEN, STEPHEN G NAME 22 NAME 9360 SUNSET DR SUITE 250 23 STREET ADDRESS STREET ADDRESS **MAMI FL 33173** CHTY - ST - ZIF 2. 4 City - ST-ZIP Addition DELETE Change TIFLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City - ST - ZiP CITY-ST-ZIP Change Addition DELETE DOLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-\$T-ZIP CITY-ST-ZIP Addition DELETE Change 6,1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST-ZIP CITY - S1 - ZIP 14. I do hereby cert ly that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

HE OFFICER OR DIRECTOR

FILED Feb 10 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

05/16/1996

	I EDIOLOGIJA PORI	HEADU BROID ISTAIL GILL	

3. Date Incorporated or Qualified

10/17/1994

4. FEI Number