

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 # P94000080624 (7)

1. Corporation Name

LIFETIME OF AVENTURA, INC.

Principal Place of Business

20801 BISCAYNE BLVD
SUITE 200
AVENTURA FL 33180

Mailing Address

20801 BISCAYNE BLVD
SUITE 200
AVENTURA FL 33180



2. Principal Place of Business	2a. Mailing Address
21 20801 BISCAYNE BLVD	26 20801 BISCAYNE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE 307	27 SUITE 307
City & State	City & State
23 AVENTURA, FL	28 AVENTURA, FL
Zip	Zip
24 33180	29 33180
Country	Country
25	30

3. Date Incorporated or Qualified	3a. Date of Last Report
11/01/1994	05/01/1995
4. FEI Number	Applied For
65-0530635	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

FRAYND, GERMAN MD
20801 BISCAYNE BLVD
SUITE 200
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name	DANIEL COHEN
82 Street Address (P.O. Box Number is Not Acceptable)	20801 BISCAYNE BLVD
83	SUITE 307
84 City	AVENTURA
FL	85 Zip Code
	33180

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 Daniel Cohen VICE PRESIDENT / SECRETARY DATE 4/17/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAYND, GERMAN MD	1.2 NAME	FRAYND, GERMAN M.D.
STREET ADDRESS	1380 MIAMI GARDENS DR SUITE 210	1.3 STREET ADDRESS	20801 BISCAYNE BLVD, SUITE 307
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	1.4 CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	COHEN, DANIEL
STREET ADDRESS		2.3 STREET ADDRESS	20801 BISCAYNE BLVD, STE 307
CITY-ST-ZIP		2.4 CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Daniel Cohen DANIEL COHEN DATE 4/17/96 (305) 931-0504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)