

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

0203046

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 SEP -3 AM 9:58

DOCUMENT # P94000090218

1. Corporation Name  
RUDY KELLERMAN, P.A.

SECRETARY OF STATE  
RECEIVED: FIVE



Principal Place of Business: 254 NE 101 STREET MIAMI FL 33138  
Mailing Address: ~~254 NE 101 STREET MIAMI FL 33138~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 254 NE 101 STREET MIAMI FL 33138  
2a. Mailing Address: 26 1625 N. COMMERCE AVE  
Suite, Apt. #, etc.: 27 STE 205  
City & State: 28 WESTON, FL  
Zip: 29 33306  
Country: 30 CUBANA

3. Date incorporated or Qualified: 12/12/1994  
4. FEI Number: 65-0538178  
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 owes the current year intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent  
~~KELLERMAN, RUDY  
254 NE 101 STREET  
MIAMI FL 33138~~

10. Name and Address of New Registered Agent  
81 Name: JAY S. SHAPIRO  
82 Street Address (P.O. Box Number is not acceptable): 1625 N. COMMERCE AVE, STE 205  
83  
84 City: WESTON FL 85 Zip Code: 33306

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]* DATE: 9/29/99

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KELLERMAN, RUDY	
STREET ADDRESS	254 NE 101 STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	400002983154--8
1.3 STREET ADDRESS	-09/10/99--01006--012
1.4 CITY-ST-ZIP	***400.00 ***400.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	400002983154--8
2.3 STREET ADDRESS	-09/10/99--01006--011
2.4 CITY-ST-ZIP	***150.00 ***150.00
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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rudy Kellerman* President Date: June 29/99 305-7594499  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)

KE