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.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000001574

1. Corporation Name

FELIX M. LASARTE, P.A.

Principal Place of Business
2903 Salzedo Street
Coral Gables, Fl 33134

Mailing Address
2903 Salzedo Street
Coral Gables, Fl 33134

2. Principal Place of Business
21 600 Palm Ave.
Suite, Apt. #, etc.
22 B
City & State
23 Hialeah, Fl
Zip
24 33010
County
25 Dade

2a. Mailing Address
26 880 SE 1 Street
Suite, Apt. #, etc.
27
City & State
28 Hialeah, Fl
Zip
29 33010
County
30 Dade

3. Date Incorporated or Qualified: 1/6/95
3a. Date of Last Report:
4. FEI Number: 65-0543888
[ ] Applied For
[ ] Not Applicable
5. Certificate of Status Desired [x] — **$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 [xx] No

9. **Name and Address of Current Registered Agent**

LASARTE, FELIX M
2903 SALZEDO STREET
CORAL GABLES, FL 33134

10. **Name and Address of New Registered Agent**
81 Name: LASARTE, FELIX M
82 Street Address (P.O. Box Number is Not Acceptable): 880 SE 1 Street
83
84 City: Hialeah FL
85 Zip Code: 33010

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] 6/29/96

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	LASARTE, FELIX M	
STREET ADDRESS	2903 SALZEDO STREET	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	DPST	[ ] Change [x] Addition
1 NAME	LASARTE, FELIX M	
1 STREET ADDRESS	880 SE 1 Street	
1 CITY-ST-ZIP	HIALEAH, FL 33010	
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

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***233.75

7-6-96

14. I do 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 report or supplemental 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] 6/29/96 305-358-7605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)