

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 22 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000003849 (3)
 1. Corporation Name

SILVIA M. ALMEIDA, L.M.F.T., P.A.



Principal Place of Business

10661 NO. KENDALL DR.
 STE 206 A
 MIAMI FL 33176
 US

Mailing Address

10661 NO. KENDALL DR.
 #206 A
 MIAMI FL 33176
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 10691 No Kendall Dr
 Suite, Apt. #, etc. 100

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 10691 No Kendall Dr
 Suite, Apt. #, etc. 100

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

01/13/1995

4. FEI Number

65-0551294

Applied For
 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 owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

ALMEIDA, SILVIA M
 1550 MADRUGA AVE
 SUITE 405
 CORAL GABLES FL 33148

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
 NAME ALMEIDA, SILVIA M
 STREET ADDRESS 10661 NO. KENDALL DR., #206 A
 CITY-ST-ZIP MIAMI FL
 DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
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 CITY-ST-ZIP
 DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS 10691 No Kendall Dr. # 100
 1.4 CITY-ST-ZIP
 Change Addition

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 Change Addition

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 Change Addition

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 Change Addition

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 Change Addition

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP
 Change Addition

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.

SIGNATURE:

Silvia Almeida

7/13/98

3055987340

CR2E034 (5/98)