

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

FILED

**Jan 20 1998 8:00am
Secretary of State**

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # P95000050453 (6)
1. Corporation Name
CA-ER CORP.



| | |
|---|---|
| Principal Place of Business 19170 N.W. 88TH COURT CAMERON CIRCLE MIAMI FL 33018 | Mailing Address 19170 N.W. 88TH COURT CAMERON CIRCLE MIAMI FL 33018 |
|---|---|

new change of address

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business 21 3725 S. OCEAN DRIVE Suite, Apt. #, etc. 22 APT. 1512 City & State 23 HOLLYWOOD, FL Zip 24 33019 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 BRUNSWARD |
|--|--|

| | | |
|--|---------------------------------------|--|
| 3. Date Incorporated or Qualified 06/28/1995 | 4. FEI Number 65-0598151 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent
**FERNANDEZ, ERIC
19170 NW 88TH CT.
MIAMI FL 33018**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name ERIC FERNANDEZ MD |
| 82 Street Address (P.O. Box Number is Not Acceptable) 3725 S. OCEAN DRIVE #1512 |
| 83 |
| 84 City HOLLYWOOD |
| 85 Zip Code FL 33019 |

11. Pursuant to the provisions of Section 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]* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | FERNANDEZ, NANCY | |
| STREET ADDRESS | 19170 N.W. 88TH COURT | |
| CITY-ST-ZIP | MIAMI FL 33018 | |
| TITLE | M | <input type="checkbox"/> DELETE |
| NAME | FERNANDEZ, KATRINA L | |
| STREET ADDRESS | 19170 N.W. 88TH COURT | |
| CITY-ST-ZIP | MIAMI FL 33018 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | FERNANDEZ, CANDICE A | |
| STREET ADDRESS | 19170 N.W. 88TH COURT | |
| CITY-ST-ZIP | MIAMI FL 33018 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | FERNANDEZ, LORENE | |
| STREET ADDRESS | 19170 N.W. 88TH COURT | |
| CITY-ST-ZIP | MIAMI FL 33018 | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | ERIC FERNANDEZ MD | |
| STREET ADDRESS | 3725 S. OCEAN DRIVE | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33019 | |
| 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 | |
| 1.3 STREET ADDRESS | 3725 S. OCEAN DRIVE |
| 1.4 CITY-ST-ZIP | HOLLYWOOD, FL 33019 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Same as above |
| 2.3 STREET ADDRESS | Same as above |
| 2.4 CITY-ST-ZIP | Same as above |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Same as above |
| 3.3 STREET ADDRESS | Same as above |
| 3.4 CITY-ST-ZIP | Same as above |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Same as above |
| 4.3 STREET ADDRESS | Same as above |
| 4.4 CITY-ST-ZIP | Same as above |
| 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.

SIGNATURE: *[Signature]* 1-6-98 305-8228416

CR2E034 (10/97)