


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

FILED  
May 06 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <del>95000079663</del> <b>* P 95000079663</b>			
<b>1. Corporation Name</b> <b>Carmel &amp; Bijou, P.A.</b>			
<b>Principal Place of Business</b> <b>100 North Biscayne Blvd. Suite 2800</b> <b>Miami, Florida 33132</b>		<b>Mailing Address</b> <b>100 N. Biscayne Blvd. Suite 2800</b> <b>Miami, Florida 33132</b>	
<b>2. Principal Place of Business</b> <b>21 100 N. Biscayne Blvd.</b> Suite, Apt. #, etc. <b>22 2800</b> City & State <b>23 Miami, Florida</b> Zip <b>24 33132</b>		<b>2a. Mailing Address</b> <b>26 Same as #2</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29 USA</b>	
<b>3. Date Incorporated or Qualified</b> <b>10/17/95</b>		<b>3a. Date of Last Report</b> <b>1/1/96</b>	
<b>4. FEI Number</b> <b>65-0617102</b>		<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> <b>Stuart Reed</b> <b>100 N. Biscayne Blvd., Suite 2800</b> <b>Miami, Florida 33132</b>		<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>Avi Carmel</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>100 N. Biscayne Blvd.</b> <b>83 Suite 2800</b> <b>84 City</b> <b>Miami</b> <b>85 Zip Code</b> <b>FL 33132</b>	
<b>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 is 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 607.0405, Florida Statutes.</b> <b>SIGNATURE</b> <i>Avi Carmel</i> <b>DATE</b> <b>4/25/97</b>			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>1.1 TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>President, Secretary &amp; Director</b> <b>STREET ADDRESS</b> <b>Avi Carmel</b> <b>CITY-ST-ZIP</b> <b>100 N. Biscayne Blvd. #2800</b> <b>MIAMI, FL 33132</b> <input type="checkbox"/> DELETE		<b>1.1 TITLE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1.2 NAME</b> <b>V.P., Treasurer, Director</b> <b>1.3 STREET ADDRESS</b> <b>Avi Carmel</b> <b>1.4 CITY-ST-ZIP</b> <b>100 North Biscayne Blvd. #2800</b> <b>Miami, FL 33132</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>2.1 TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>Vice President, Director</b> <b>STREET ADDRESS</b> <b>Stuart Reed</b> <b>CITY-ST-ZIP</b> <b>100 North Biscayne Blvd.</b> <b>Miami, FL 33132</b> <input type="checkbox"/> DELETE		<b>2.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>3.1 TITLE</b> <input checked="" type="checkbox"/> DELETE <b>NAME</b> <b>Treasurer, Director</b> <b>STREET ADDRESS</b> <b>Mikal Grass</b> <b>CITY-ST-ZIP</b> <b>100 N. Biscayne Blvd. #2800</b> <b>Miami, FL 33132</b> <input type="checkbox"/> DELETE		<b>3.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>5.1 TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> <input type="checkbox"/> DELETE		<b>5.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>6.1 TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> <input type="checkbox"/> DELETE		<b>6.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 is stated 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 or changed, or on an attachment with an address.</b>			
<b>SIGNATURE:</b> <i>Avi Carmel</i>		<b>3/31/97 (305) 577-8600</b>	
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		<b>Date Daytime Phone #</b>	

CR2E034 (9/96)