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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000079696 (7)

DR'S AND ASSOCIATES, INC.

Principal Place of Business Mailing Address

8045 NW 36TH ST. SUITE 510
MIAMI FL 33166

3. Date Incorporated 10/13/1995

FILED Jan 31 1997 8:00am Secretary of State



				 Date Incorporated or Qualified 10/13/1995 	3a. Date of Last Report 05/01/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0617187	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		2.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for	or intangible tax under s. 199.032,	
24	25	29	30	Florida Statutes	Yes No	
	Name and Address of Current	ent Registered Agent		10. Name and Address of New F	legistered Agent	
ROU	JRA, SAMUEL E		81 Nar	me		
	80 SW 139 RD		82 Stre	et Address (P.O. Box Number is Not Accept	able	
	MI FL 33176		52 500	Street Address (P.O. Box Number is Not Acceptable)		
			83	-4		
ı			84 City	/	FL 85 Zip Code	
11. Pursuant office or reason: La	to the provisions of Sections 607.05 egistered agent, or both, in the Starto familiar with, and account the obtaining	502 and 607.1508, Florida to of Florida Such change realions of Section 607.05	Statutes, the above-name was authorized by the control of the cont	ned corporation submits this statement for the corporation's board of directors. I hereby acc	purpose of changing its registered ept the appointment as registered	
SIGNATURE.					DATE	
	Signature, typed or purbed name of registered a	ND DIRECTORS	(NOTE: Hegistered Agent sign	ature required when reinstating) ADDITIONS/CHANGES TO OFF		
12.	D OFFICENS A	DELET		ADDITIONO/OFFANGES TO OFF	Change Addition	
NAME	ROURA, SAMUEL E		1.2 NAME		CLI OTANIGO CLI MONTON	
=	10780 SW 139 RD					
STREET ADORESS	MIAMI FL 33176		1.3 STREET ADDRE	55		
CITY - ST-ZIF	D D	DELET	1.4 CITY-ST-ZIP		Change Addition	
TITLE	DISTON, LORRAINE				La change La Adollion	
NAME	7324 BAYHILL DR		2.2 NAME			
STREET ADDRESS	MIAMI FL 33015		2.3 STREET ADDRE	SS		
CITY-ST-ZIP	D MIAMI FL 33015	☐ DELET	2. 4 CITY-ST-ZIP		Change Addition	
TITLE		ויין מנונו			штонапре штавовног	
NAME	PADRON, FELIX O		3.2 NAME			
STREET ADDRESS	1125 W 25TH ST		3.3 STREET ADDRE	SS		
CITY - ST - ZIP	HIALEAH FL 33010	Tlaries	3.4 CITY-ST-ZIP			
THILE		DELE1			Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRE	SS		
CITY - ST - ZIF			4.4 City-St-ZiP			
THILE		DELE1			Change Addition	
NAME			5.2 NAME	Ì		
STREET ADDRESS			5.3 STREET ADDRE	SS		
CITY-S1-ZIP			5.4 CITY - ST - ZIP			
TITLE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DELET	E 6.1 T∣TL€		Change Addition	
NAME.			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRE	ss		
City-S1-2iP			6.4 CITY-ST-ZIP			

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 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 change of on an attachment with an address.

SIGNATURE:

NA WORKE A HE TYPES OF PRINTE CHANGE OF PRINTING OF THE OR OF RECTOR

JAN 16, 1997 (305) 718-9800 Desystrate Proce: 0225913 CR2E034 (9/96)