

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

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000083534 (4)

1. Corporation Name
8000 BISCAYNE PROFESSIONAL BUILDING, INC.

Principal Place of Business 351 NORTHWEST 42ND AVENUE, SUITE 103 MIAMI FL 33126	Mailing Address 351 NORTHWEST 42ND AVENUE, SUITE 103 MIAMI FL 33126
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8000 Biscayne Blvd Suite, Apt. #, etc. 22 101 City & State 23 Miami, FL. Zip 24 33138 Country 25 USA.		2a. Mailing Address 26 7031 SW 62nd Ave Suite, Apt. #, etc. 27 5th Floor City & State 28 South Miami, FL. Zip 29 33143 Country 30 USA.		3. Date Incorporated or Qualified 11/01/1995	4. FEI Number 65-0515683	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

MICHEL, M.D., JACK J
351 NORTHWEST 42ND AVENUE, SUITE 103
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name Michel, M.D., Jack J.	82 Street Address (P.O. Box Number is Not Acceptable) 7031 SW 62nd Ave.
83 5th Floor	84 City South Miami FL
85 Zip Code 33143	

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 *J. Michel* (NOTE: Registered Agent signature required when reinstating) DATE **2/20/98**

12. OFFICERS AND DIRECTORS

TITLE P	<input checked="" type="checkbox"/> DELETE
NAME MICHEL, M.D., JACK J	
STREET ADDRESS 351 NORTHWEST 42ND AVENUE, SUITE 103	
CITY-ST-ZIP MIAMI FL 33126	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Michel, M.D., Jack J.	
1.3 STREET ADDRESS 7031 S.W. 62nd Ave.; 5th Floor	
1.4 CITY-ST-ZIP South Miami, FL. 33143	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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: *J. Michel* DATE: **2/20/98**

CF2E034 (10/97)