
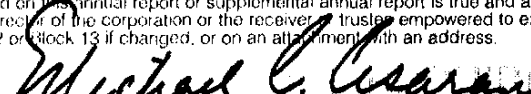


FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1997			
DOCUMENT # P95000092048 (4)			
1. Corporation Name MICHAEL C. CESARANO, P.A.			
Principal Place of Business 200 SOUTH BISCAYNE BLVD. SUITE 4800 MIAMI FL 33131		Mailing Address 200 SOUTH BISCAYNE BLVD. SUITE 4800 MIAMI FL 33131-5324	
2. Principal Place of Business 21 200 South Biscayne Blvd Suite, Apt. #, etc. 22 Suite 3160 City & State 23 Miami, FL Zip 24 33131 Country 25 U.S.A.		2a. Mailing Address 26 200 South Biscayne Blvd. Suite, Apt. #, etc. 27 Suite 3160 City & State 28 Miami, FL Zip 29 33131 Country 30 U.S.A.	
g. Name and Address of Current Registered Agent			
CESARANO, MICHAEL C 815 EAST DILDO DRIVE MIAMI BEACH FL 33139			81 Name 82 Street Address 83 84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ Signature type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required.)			
12. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CESARANO, MICHAEL C 815 EAST DILDO DRIVE MIAMI FL 33139 <input type="checkbox"/> DELETE		13.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)