## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000096540 (6)

DOCUMENT # PADGETT, SHAW & ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

**FILED** Apr 26, 1996 08:00 AM **Secretary of State** 



2.	SUITE 314	: De Leon Bl' Les fi. 33134	VD		2511 PONCE D SUITE 314 CORAL GABLE		VD			Date Incorporated or Qualified     12/21/1995	3a. Date	of Last	Report	
Substitution   Subs		lace o Busine	ss	F		ess							<del>  ``</del>	
Coly & State										05-0031368				
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SHAW, RICHARD L 2511 PONCE DE LEON BLVD SUITE 314 CORAL GABLES FL 33134  18		<u>├</u>					¬ '							
SHAW, RICHARD L 2511 PONCE DE LEON BLVD SUITE 314 CORAL GABLES FL 33134  64 Cry FL 85 Zrp Code  11. Pursuant to the provisions of Sections 607 0602 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office registered agent, or both, in the State of Portia, Suito change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in an obstigation of 36 pection 607 0605 Pricing Statutes, the above named corporation's board of directors. I hereby accept the purpose of changing its registered office registered agent, or both, in the State of Portia, Suito change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in an obstigation of 36 pection 607 0605 Pricing Statutes.  SIGNATURE  12.		9. Name	and Address	of Current Reg	istered Agent					10. Name and Address of New	Registered	Agent		
SITE PONCE DE LEON BLVD SUITE 314  CORAL GABLES FL 33134  11. Pursuant to the provisions of Sactions 607 0502 and 607 1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office for registered agent, or both, in the State of Portes. Such change was authoraced by the corporation's board of directors. I hereby accept the appointment are registered agent, and a second the obligations of, Section 607, A506, Florida Statutes.  SIGNATURE:  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. The purpose of changing its registered office corporation's board of directors. I hereby accept the appointment are registered agent. I must be a registered agent. I must be a registered agent. I must be provisioned of process. The received of the corporation's board of directors. I hereby accept the appointment are registered agent. I must be provided agent. I							81	Na	ame					
SUITE 314   CORAL GABLES FL 33134   54								Street Address (P.O. Box Number is Not Acceptable)						
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules.   84   Cry   11. Pursuant to the purpose of containing with and accept the obligations of, Section 607.0502 and 607.1508, Florida Statules.   800   12.	SUITE 314						83	-						
or registered agent, or both, in the State of Florical, Stach change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the odigipations (Section 607, OSECOTION 5005, Florida Statutes).    SIGNATURE	COHAL	Gables Fl	33134				84	Cri	ly		FL	85	Zıp Code	
13.   ADDITIONS/CHANGES TO OFFICERS AND DIFFECTIORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIFFECTIORS   1.1 TITLE     Change   Addition	or register familiar wi	red agent, or t ith, and accep	ooth, in the Sta t the obligation	ate of Florida. Suns of, Section 60	ich change was 7.0505, Florida	authorized t Statutes.	by the corp	oorati	on's board	d of directors. I hereby accept the app	ointment as	registere	ed agent. I am	
THE		Signature, typed o				(NOTE : F		nt signa	ature required	when reinstating)	DATE			
NAME   STREET ADDRESS   2511   Ponce de Leon Boulevard #314   13 STREET ADDRESS   12 NAME   13 STREET ADDRESS   14 NAME   13 STREET ADDRESS   14 NAME   14 NAME   14 NAME   15		Drogic		CERS AND DIR		: LE	<b>4</b>			ADDITIONS/CHANGES TO OF				
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	NAME						6.2 NAME							
OTHER THE STATE OF	STREET ADDRESS						63STREET	I ADDR	ESS					
CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further	C(1Y - ST - 2IP													

supplied with this hing is voluntarily turbshed and does not qualify for the exemption stated in section 1 15.07 (b)(x), notice statutes a name this annual report or supplemental annual report or true and accorde and that my signature shall have the same legal effect as if made under the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name certify that the information indicate

OFFICER OR DIRECTOR

April 23, 1996

(305) 444-7611