


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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000024912 (3)					
1. Corporation Name DRACOS & ASSOCIATES, P.A.					
Principal Place of Business 3909 NE 163RD STREET SUITE 204 N MIAMI BEACH FL 33160 US			Mailing Address 3909 NE 163RD ST SUITE 204 N MIAMI BEACH FL 33160 US		
2. Principal Place of Business 21 3909 NE 163rd ST.		2a. Mailing Address 26 3909 NE 163RD ST.		3. Date Incorporated or Qualified 03/15/1996	
Suite, Apt. #, etc. 22 SUITE 301		Suite, Apt. #, etc. 27 SUITE 301		4. FEI Number 65-0145688	
City & State 23 N. MIAMI BEACH, FLORIDA		City & State 28 N. MIAMI BEACH, FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33160		Zip 29 33160		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 USA		Country 30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent KASSNER, NORMA 3909 NE 163RD ST, SUITE 204 SUITE 401 N MIAMI BEACH FL 33180			10. Name and Address of New Registered Agent		
			81 Name KASSNER, NORMA		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83 3909 NE 163RD ST., SUITE 301		
			84 City N. MIAMI BEACH FL 85 Zip Code 33160		
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE PD <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME PARRILLO, IOANNA					
1.3 STREET ADDRESS 3909 NE 163RD ST., SUITE 301					
1.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33160					
2.1 TITLE STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME KASSNER, NORMA					
2.3 STREET ADDRESS 3909 NE 163RD ST., SUITE 301					
2.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33160					
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 in an attachment with an address.					

SIGNATURE:

Norma Kassner **NORMA KASSNER 03/21/98 (305) 931-4374**

CR2E034 (10/97)