


REINSTATEMENT

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 OCT 15 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


 FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000072344 (0)
 1. Corporation Name
ADAN & BICHACHI, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4302 ALTON RD. SUITE 610 **4302 ALTON RD. SUITE 610**
MIAMI BEACH FL 33140 **MIAMI BEACH FL 33140**

3. Date Incorporated or Qualified 3a. Date of Last Report
08/29/1996 -
 4. FET Number Applied For
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
 21. **Same as above** 26. **Same as above**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22. 27. City & State
 23. 28. City & State
 Zip Country Zip Country
 24. 25. 29. 30.

9. Name and Address of Current Registered Agent
PERLIN, BRIAN C
334 MINORCA AVE, SUITE 200
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
 81. Name **KTG&S Registered Agent Corp.**
 82. Street Address (P.O. Box Number is Not Acceptable) **100 SE 2nd STREET**
 83. **28 floor**
 84. City **miami** FL 85. Zip Code **33131**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 *Michael Kosmicki, Pres.* **KTG&S Registered Agent Corp** 10/14/97 DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	ADAN, LETICIA	<input checked="" type="checkbox"/> DELETE
NAME	ADAN, LETICIA	
STREET ADDRESS	4302 ALTON RD. SUITE 610	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	ABRAHAM BICHACHI	<input type="checkbox"/> DELETE
NAME	BICHACHI, ABRAHAM	
STREET ADDRESS	4302 ALTON RD. SUITE 610	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
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	600002321576	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	-10/16/97--01064--014	
1.3 STREET ADDRESS	****750.00 ****750.00	
1.4 CITY-ST-ZIP		
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	REINSTATEMENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	1997	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	A. Adan	
4.3 STREET ADDRESS	10/15/97	
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 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 changed, or on an attachment with an address.

CR2E034 (4/97)