

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.

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

Mailing Address
4302 ALTON RD. SUITE 610
MIAMI BEACH FL 33140

2. Principal Place of Business
21 Same as above
Suite, Apt. #, etc.
22 City & State
23 Zip
Country

2a. Mailing Address
26 Same as above
Suite, Apt. #, etc.
27 City & State
28 Zip
Country

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/29/1996

3a. Date of Last Report

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

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 607.1508, 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
Michael Kosmicki, Pres. KTG & S Registered Agent Corp. 10/14/97

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

ADAN, LETICIA
4302 ALTON RD. SUITE 610
MIAMI BEACH FL 33140

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

BICHACHI, ABRAHAM
4302 ALTON RD. SUITE 610
MIAMI BEACH FL 33140

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

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 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)