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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000074979 (1)

MATTANNIE, INC.

Principal Place of Business

260 DOUGLAS ROAD STE 501 OORAL GABLES FL 33134 Mailing Address

260 DOUGLAS ROAD STE 501 CORAL GABLES FL 33134-1821

FILED May 09 1997 8:00am Secretary of State



With Group 12 street		•		
			3. Date Incorporated or Qualified 09/10/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 2600 Douglas Road,	26 2600 Douglas	Road, D	65-0696310	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	- -	5. Certificate of Status Desired	\$8.75 Additional
Suite 501	27 Suite 501			Fee Required
City & State Coral Gables	h	. a	6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip Country Country	28 Coral Gable	Country	Trust Fund Contribution 8. This corporation has liability for it	· · · · · · · · · · · · · · · · · · ·
33134 25 Dade	- 	Dade		Yes No
9. Name and Address of Curre			10. Name and Address of New Re	gistered Agent
CARUNCHO & MUR, P.A. 260 DOUGLAS ROAD STE 501 CORAL GABLES FL 33134		82 Street Add 2600 I	cho & Mur, P.A. Tress (P.O. Box Number is Not Acceptat Douglas Road, Ste. 50	ile) L
		84 CityCora	al Gables,	FL 85 Zip Code 33134
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the state agent. I am familiar with, and accept the oblications of the section of	502 and 607 508, Florida Statutes for of Frontal Such Phange was au igations Section 607.0505, Flor	s, the above-named corp thorized by the corpora ida Statutos	poration submits this statement for the patients board of directors. I hereby accept the patients of the Caruntho stress when reinstating)	ourpose of changing its registered of the appointment as registered
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	DELETE	1 1 7 (7) 5)-P-S	Change Addition
NAME		1.2 NAME	Lazaro J. Mur	
STREET ADDRESS			600 Douglas Road,	Ste. 501
CITY-ST-ZIP		1.4 CITY-ST-ZIP C	oral Gables, Flor	ida 33134
TITLE	☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2 3 STREE1 ADDRESS		
CITY-ST-ZIP	Perete	2 4 CITY - ST - ZIP		Ohanna Addition
TITLE	☐ DELETE	3 1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	3.4. CITY - \$1 - ZIP 4.1 TITLE		Change Addition
NAME		4 2 NAME		Ed Surange Ed Language
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-\$T-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	51 TITLE		Change Addition
NAME	•	5.2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP		5.4 C/TY-ST-2IP		
TITLE	DELETE	61 TITLE		Change Addition
NAME		62 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		
14. I do hereby certify that the information supplinformation indicated on this annual report of a man officer or director of the Supperation appears in Block 12 or Block 13 if changed.	lied with this filing does not qualify or supplemental emphal report is tru or the receiver of trustee empowe or on an altachment with an addr	for the exemption state to and accurate and that ered to execute this reporters.	ed in Section 119.07(3)(i), Florida Statute af my signature shall have the same lega ort as required by Chapter 607, Florida S	 I further certify that the il effect as if made under oath; the statutes; and that my name