

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

FILED

Feb 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000082891 (8)  
1. Corporation Name  
FLORIDA PROFESSIONAL COMMUNITY SERVICES, INC



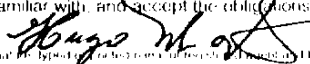
Principal Place of Business P.O. BOX 144920 CORAL GABLES FL 33114-4920	Mailing Address P.O. BOX 144920 CORAL GABLES FL 33114-4920
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 145 MADEIRA AVE Suite, Apt. #, etc. 22 SUITE 208 City & State 23 CORAL GABLES, FL Zip 24 33134 Country 25 USA		2a. Mailing Address 26 145 MADEIRA AVE Suite, Apt. #, etc. 27 SUITE 208 City & State 28 CORAL GABLES, FL Zip 29 33134 Country 30 USA		3. Date Incorporated or Qualified 10/08/1996	
4. FEI Number 65-0698780		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		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 MARTINEZ, HUGO 145 MADEIRA AVENUE SUITE 314 CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name MARTINEZ, HUGO 82 Street Address (P.O. Box Number is Not Acceptable) 5505 NW 7th APT W115 83 84 City MIAMI FL 85 Zip Code 33126	
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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  HUGO MARTINEZ - VICE PRESIDENT 01-05-98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIEZ, ARMANDO P 3630 S.W. 16 TERR. MIAMI FL 33145	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1911 SW 36 AVE MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, HUGO 5505 N.W. 7 STREET, APT. W-115 MIAMI FL 33126	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 on an attachment with an address.

SIGNATURE:  HUGO MARTINEZ 01-05-98 305-4478787

CP2E034 (10/97)