

2-18-98 B 2224C
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FILED
 Feb 18 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000091515 (2)
 1. Corporation Name
 W. STEPHEN LORENZO & ASSOCIATES, P.A.



Principal Place of Business: 1001 SOUTH BAYSHORE DR. SUITE 2706 MIAMI FL 33131
 Mailing Address: 1001 SOUTH BAYSHORE DR. SUITE 2706 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1996

4. FEI Number: 58-2277344 Applied For: Not Applicable

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: 21 799 Brickell Plaza, Suite, Apt. #, etc. 22 Suite 603 City & State 23 Miami, FL Zip 24 33131 Country 25 USA

2a. Mailing Address: 26 799 Brickell Plaza Suite, Apt. #, etc. 27 Suite 603 City & State 28 Miami, FL Zip 29 33131 Country 30 USA

9. Name and Address of Current Registered Agent
 LORENZO, W. STEPHEN
 1001 SOUTH BAYSHORE DR, SUITE 2706
 MIAMI FL 33131

10. Name and Address of New Registered Agent
 81 Name: SAME
 82 Street Address (P.O. Box Number is Not Acceptable): 799 BRICKELL PLAZA, #603
 83 Suite 603
 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: _____ (NOTE: Registered Agent signature required when reinstalling) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LORENZO, W. STEPHEN	
STREET ADDRESS	1001 S. BAYSHORE DR, SUITE 2706	
CITY-ST-ZIP	MIAMI FL 33131	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	799 BRICKELL PLAZA, #603
1.4 CITY-ST-ZIP	MIAMI, FL 33131
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	<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 on an attachment with an address.

SIGNATURE: X _____

CR2E034 (10/97)