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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ነ	JAL REPORT 1998	7.7	ry of State CORPORATIONS	Secretary	of State
1. Corporatio	MENT # P9600 Name JRG CENTER OF MIAMI, IN	0096216 (2) ю.			174
Principal Plac	e of Business	Mailing Address		1 1687/1087 /170 18770 87/11 88/11 88/11 88/11 80/11 80/11 80/11	KATO BANDO NIODY NABAR ONY VOOL
747 PONCE DE LEON BLVD. 747 PONCE DE LEON BLVI SUITE 700 SUITE 700 CORAL GABLES FL 33134 CORAL GABLES FL 33134			LVD.		
			u	DO NOT WRITE IN THIS SPACE	
			•	3. Date Incorporated or Qualified 11/25/1996	
<u> </u>	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0711635	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	0	City & State	***************************************	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cr	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	 Name and Address of Currer RZWELL, HOWARD E ESQ. 	nt Registered Agent	81 Name	10. Name and Address of New Registered	Agent
328 MINORCA AVE. SECOND FLOOR CORAL GABLES FL 33134			82 Street Ac 83 84 City	ddress (P.O. Box Number is Not Acceptable)	85 Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the oblig	02 and 607.1508, Florida Statut e of Florida Such change was pations of, Section 607.0505, Fl	es, the above-named co authorized by the corpo- orida Statutes.	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE		11 . 11	<i>(->)</i> ,	9-/>	1-98
12.	organiza, byted or printed name of registered age OFFICERS AN	ON DIRECTORS	E Registered Agent signature rei	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Wasmer, Jose M M.D.		1.2 NAME		
STREET ADDRESS	747 PONCE DE LEON BLVD.	., SUITE 700	1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY - ST- ZIP		
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition ☐
HAME	MAGGIOLO, LUIS F M.D.	CLICTE 700	2.2 NAME		
STREET ADDRESS	747 PONCE DE LEON BLVD. CORAL GABLES FL 33134	., SUITE 700	2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	CONAL GABLES PE 33134	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	1	C otte	3.2 NAME		_ change _ Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		Į.
CITY-ST-ZIP			5.4 CITY - ST - ZIP		

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.

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

DELETE

Change

Addition

FILED

Apr 29 1998 8:00am