


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

FILED

May 18 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 # P97000009293 (6)

1. Corporation Name
ALEXANDER I. TACHMES, P.A.




Principal Place of Business 555 N.E. 34TH STREET SUITE 1504 MIAMI FL 33137	Mailing Address 555 N.E. 34TH STREET SUITE 1504 MIAMI FL 33137
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 100 SE 2ND ST. Suite, Apt. #, etc. 22 SUITE 4650 City & State 23 MIAMI, FL Zip 24 33131		2a. Mailing Address 26 100 SE 2ND ST. Suite, Apt. #, etc. 27 SUITE 4650 City & State 28 MIAMI, FL Zip 29 33131		3. Date Incorporated or Qualified 01/30/1997	
Country USA		Country USA		4. FEI Number 65-0723810	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TACHMES, ALEXANDER I 555 N.E. 34TH STREET SUITE 1504 MIAMI FL 33137				10. Name and Address of New Registered Agent 81 Name ALEXANDER I. TACHMES 82 Street Address (P.O. Box Number is Not Acceptable) 100 SE 2ND ST. 83 SUITE 4650 84 City MIAMI FL 85 Zip Code 33131			
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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  ALEXANDER I. TACHMES 4/25/98
Signatures, types, or printed names of registered agent and firm if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TACHMES, ALEXANDER I			1.2 NAME	ALEXANDER I. TACHMES		
STREET ADDRESS	555 N.E. 34TH STREET, #1504			1.3 STREET ADDRESS	100 SE 2ND ST., SUITE 4650		
CITY-ST-ZIP	MIAMI FL 33137			1.4 CITY-ST-ZIP	MIAMI, FL 33131		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				2.2 NAME	EUGENIA TACHMES		
STREET ADDRESS				2.3 STREET ADDRESS	555 NE 34th St. Apt. 1504		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	MIAMI, FL 33137		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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:  ALEXANDER I. TACHMES 4/25/98 305-995-5350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0261968

CR2E034 (10/97)