

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

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90008 046 ***150.00

0271741

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---------------------------------------	---	---

DOCUMENT # P97000014876

1. Corporation Name
DAVID S. MANDEL, P.A.



Principal Place of Business 201 S BISCAYNE BLVD MIAMI FL 33131 US	Mailing Address 5223 NORTH BAY ROAD MIAMI BEACH FL 33140
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 169 E. FLAGLER ST. Suite, Apt. #, etc. 22 SUITE 1200 City & State 23 MIAMI FL Zip Country 24 33131 25 USA		2a. Mailing Address 26 169 E. FLAGLER ST. Suite, Apt. #, etc. 27 SUITE 1200 City & State 28 MIAMI FL Zip Country 29 33131 30 USA		3. Date Incorporated or Qualified 02/14/1997	4. FEI Number 65-0726694 Applied For 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
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

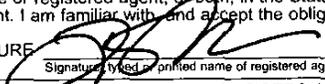
9. Name and Address of Current Registered Agent

MANDEL, DAVID S
5223 NORTH BAY ROAD
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name DAVID S. MANDEL
82 Street Address (P.O. Box Number is Not Acceptable)
169 E. FLAGLER ST.
SUITE 1200
83
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  DAVID S. MANDEL 1/4/98 DATE
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

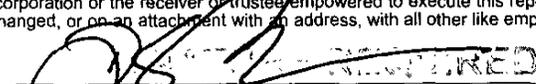
12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MANDEL, DAVID S	
STREET ADDRESS	5223 NORTH BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
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	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAVID S. MANDEL	
1.3 STREET ADDRESS	169 E. FLAGLER ST. SUITE 1200	
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, with all other like empowered.

SIGNATURE:  1/4/98 305-374-7271 DATE DAYTIME PHONE

CR 014 (11/98)