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Secretary of State

02-23-1999 90072 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000043822

1. Corporation Name
LAW OFFICE OF FABIAN & ASSOCIATES, P.A.

Principal Place of Business
9240 SUNSET DRIVE
SUITE 230
MIAMI FL 33173

Mailing Address
9240 SUNSET DRIVE
SUITE 230
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/19/1997

4. FEI Number
65-0753511

Applied For
Not Applicable

2. Principal Place of Business
21 9220 S.W. 72nd Street
Suite, Apt. #, etc.
22 Suite 101

2a. Mailing Address
26 9220 S.W. 72nd Street
Suite, Apt. #, etc.
27 Suite 101

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Miami, Florida

28 Miami, Florida

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 33173 25 USA

29 33173 30 USA

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

FABIAN, RAFAEL
9240 SUNSET DRIVE
STE 230
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name RAFAEL FABIAN, Esq.
82 Street Address (P.O. Box Number is Not Acceptable) 9220 S.W. 72nd Street
83 Suite 101
84 City Miami FL 85 Zip Code 33173

11. Pursuant to the provisions of Sections 607.0902 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: [Signature] RAFAEL FABIAN 1/6/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 5 rows and 2 columns: 12. OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: PSTD, FABIAN, RAFAEL, 9240 SUNSET DRIVE, MIAMI FL 33173.

Table with 5 rows and 2 columns: 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes checkboxes for Change and 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, with all other like empowered.

SIGNATURE: [Signature] 1/6/99 (305) 598-0929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)