

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

FILED
Apr 08 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 # P97000082186 (2)
 1. Corporation Name
AVOBS, INC.



Principal Place of Business 1320 S. DIXIE HWY., STE. 830 CORAL GABLES FL 33146	Mailing Address 1320 S. DIXIE HWY., STE. 830 CORAL GABLES FL 33146
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2800 Ponce De Leon Blvd. Suite, Apt. #, etc. 22 Suite 1125 City & State 23 Coral Gables, Florida Zip Country 24 33134 USA		2a. Mailing Address 26 2800 Ponce De Leon Blvd. Suite, Apt. #, etc. 27 Suite 1125 City & State 28 Coral Gables, Florida Zip Country 29 33134 USA		3. Date Incorporated or Qualified 09/16/1997	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BREIER, ROBERT G 1320 S. DIXIE HWY., STE. 830 CORAL GABLES FL 33146				10. Name and Address of New Registered Agent			
81 Name Robert G. Breier, Esq.		82 Street Address (P.O. Box Number is Not Acceptable) 2800 Ponce De Leon Blvd.		83 Suite 1125			
84 City Coral Gables		85 State FL		86 Zip Code 33134			

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: *[Signature]* DATE: **3/20/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, BARRY J	1.2 NAME	
STREET ADDRESS	1320 S. DIXIE HWY., STE. 830	1.3 STREET ADDRESS	2800 Ponce De Leon Blvd., Suite 1125
CITY-ST-ZIP	CORAL GABLES FL 33146	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, JUDY	2.2 NAME	
STREET ADDRESS	1320 S. DIXIE HWY., STE. 830	2.3 STREET ADDRESS	2800 Ponce De Leon Blvd., Suite 1125
CITY-ST-ZIP	CORAL GABLES FL 33146	2.4 CITY-ST-ZIP	Coral Gables, FL 33134
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: *[Signature]* **JUDY SILVERMAN** 4-2-98 305-705-0026

CR2E034 (10/97)