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

PROFIT CORPORATION ANNUAL REPORT

1998



FLOHIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 18 1998 8:00am Secretary of State

Address Mailing Address Mailing Address 2415 SW 102 PL. MIAMI FL 33165  2415 SW 102 PL. MIAMI FL 33165  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 12/11/1997  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 12/11/1997  2. Principal Place of Business 2a. Mailing Address 5. Certificate of Status Desired 5a. Applied For Not Applicab 12/11/1997  2. Principal Place of Business 2a. Mailing Address 5. Certificate of Status Desired 5a. This Additional Fee Required City & State 5b. Certificate of Status Desired 5a. This Contribution 5a. This Contribution 5b. Th	PRIMUSCARE CORPORATION	00104553 (7)		
MIAMI FL 33165    DO NOT WRITE IN THIS SPACE	Principal Place of Business	Mailing Address		T 10041005 ISO 10141 (ADII ADII4 00131 ADII4 1014 EDIA1 ALBU 1114 1015 BISA BISA BISA BISA BISA BISA BISA BISA
2. Principal Place of Business  3. Date Incorporation or Qualified  12/11/1997  4. FEI Number  Applied For  Not Applieds  5. Certificate of Status Desired  5. St.70 May Be  2. Principal Place of Status Desired  5. Certificate of Status Desired  5. Certificate of Status Desired  5. St.70 May Be  7tip Country  2. Principal Place of Status Desired  5. Certificate of Status Desired  5. St.70 May Be  7tip Country  8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30.   Yes   No  9. Name and Address of Current Registered Agent  4. FEI Number  5. Certificate of Status Desired  5. Certificate or S				
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. FEI Number	WIMMI LE 92/02	MIAMI FL 33103		DO NOT WRITE IN THIS SPACE
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Suite April #, etc 4. Suite April #, etc 4. Suite April #, etc				
28	9 Principal Place of Rusinoss	20 Mailing Address		
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   State   S	<b>¬</b>	<u> </u>		10000
City & State  Country  Zip  Zip  Country  Zip  Country  Zip  Zip  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi				\$8.75 Additional
28   Trust Fund Contribution   Added to Fees     29   29   30   Registered     29   29   30   Registered     20   29   30   Registered     20   29   30   Registered     20   Registered     21   Registered     22   Registered     23   Registered     24   Registered     25   Registered     26   Registered     26   Registered     27   Registered     28   Registered     29   Registered     20   Registered     20   Registered     21   Registered     22   Registered     23   Registered     24   Registered     25   Registered     26   Registered     26   Registered     27   Registered     28   Registered     29   Registered     20   Registered				Fee Required
Zip Country Zip Country Zip Country A S. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sociains 607 0502 and 607 0505 and 607 0505 agent 10. Name agent 10. Name 10.	<del></del>	lı ·		
25			Country	
Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)	24 25		30	· · · · · · · · · · · · · · · · · · ·
1801 SW 94 AVE.  MIAMI FL 33165  82 Street Address (P.O. Box Number is Not Acceptable)  83  194 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and pt/.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its 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 obligation of Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or pright name of registered agent and life of applicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICE RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DPTS  GOMEZ, LEONARDO  12 NAME  SIRRET ADDRESS  CITY-ST-ZIP  MIAMI FL 33165  14 CITY-ST-ZIP	g, Name and Address of Curr	ent Registered Agent		
MIAMI FL 33165  83  84 City  FL 85 Zip Code  11. Pursuant to the previsions of Sections 607.0502 and M/. 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered alternt, 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, typed or purpod manne of registered agent and little id applicable.  OFFICE RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DPTS  OFFICERS AND DIRECTORS IN 12  ITITLE  OPTIS  OFFICERS AND DIRECTORS IN 12  ITITLE  OFFICERS AND DIRECTORS IN 12  I NAME  SIRRET ADDRESS  2415 SW 102 PL.  13 STREET ADDRESS  CITY-ST-2IP  MIAMI FL 33165			81 Name	
### City ### A City ##			82 Street	Address (P.O. Box Number is Not Acceptable)
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SIGNATURE   Signature, bytect or project connection and the diapplicable   (NOTE Registated Agent signature required when reinstating)   DATE	•	_	1 1 2 7	
Signature   Sign	.11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the State agent. I am fapuliar with, and accept the object.	502 and 677.1508, Florida Statuto ile of Florida. Such change was a ligation of Section 607.0505, Flo	es, the above-named authorized by the con orida Statutes.	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
12. OFFICERS AND DIRECTORS U  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE DPTS DELETE 1.1 TITLE  NAME GOMEZ, LEONARDO  STREET ADDRESS 2415 SW 102 PL. 1.3 STREET ADDRESS  CITY-ST-ZIP MIAMI FL 33165  1.4 CITY-ST-ZIP		/ /	- Registered Accest e-constant	
NAME         GOMEZ, LEONARDO         12 NAME           STREET ADDRESS         2415 SW 102 PL.         13 STREET ADDRESS           CITY-ST-ZIP         MIAMI FL 33165         1.4 CITY-ST-ZIP				
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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		with this filing does not qualify to		ed in Section 119,07(3)(i), Florida Statutes. I further certify that the information

14. Thereby 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 trystee impowered 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.

2/11/0