


**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90034 032 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # P98000086818</b> 1. Corporation Name <b>CHARLES M. AUSLANDER, P.A.</b>		



<b>Principal Place of Business</b> 201 SOUTH BISCAYNE BLVD. 10TH FLOOR MIAMI FL 33131	<b>Mailing Address</b> 201 SOUTH BISCAYNE BLVD. 10TH FLOOR MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>7960 SW 52 AVE</b> Suite, Apt. #, etc. 22 City & State 23 <b>MIAMI FL</b> Zip Country 24 <b>33143</b> 25		2a. Mailing Address 26 <b>1172 S. Dixie Hwy</b> Suite, Apt. #, etc. 27 <b>491</b> City & State 28 <b>CORAL GABLES</b> Zip Country 29 <b>FL</b> 30 <b>33146-2918</b>		3. Date Incorporated or Qualified <b>10/09/1998</b> 4. FEI Number <b>65-0871782</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>TRAZENFELD, WARREN R ESQ.</b> <b>200 SOUTH BISCAYNE BOULEVARD</b> <b>SUITE 1870</b> <b>MIAMI FL 33131</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS TITLE <b>PRESIDENT</b> <input type="checkbox"/> DELETE NAME <b>CHARLES M. AUSLANDER</b> STREET ADDRESS <b>7960 SW 52 AVE</b> CITY-ST-ZIP <b>MIAMI FL 33143</b> 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 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 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	
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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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/99 305 605-9911

CR2E034 (11/98)