

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S11978 (1)

1. Corporation Name

AMERICAN HEALTH WORKS OF MIAMI, INC.

Principal Place of Business

12725 S.W. 62ND TERRACE
MIAMI FL 33183

Mailing Address

12725 S.W. 62ND TERRACE
MIAMI FL 33183-1327

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

26. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

HERRERA, RAFAEL C.
12725 S.W. 62ND TERRACE
MIAMI FL 33183

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature (Typed or printed name of registered agent is acceptable)

(Date) (Typed or printed signature is not acceptable)

DATE

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
HERRERA, RAFAEL C
12725 SW 62ND TERR
MIAMI FL

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 NAME

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 NAME

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 NAME

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 NAME

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 NAME

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 NAME

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I do 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 resident 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 any attachment with an address.

SIGNATURE

FILED
Apr 15 1997 8:00am
Secretary of State



3. Date Incorporated or Qualified

11/09/1990

3a. Date of Last Report

02/21/1996

4. FFI Number

65-0229506

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes No

10. Name and Address of New Registered Agent

CR2E034 (9/96)

4/5/97