

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 JUL 24 AM 9:08

DOCUMENT # **S19960 (1)**
 1. Corporation Name
ALVIN GOODMAN, P.A.



Principal Place of Business Mailing Address
3041 NW 7 ST SUITE 100 MIAMI FL 33125 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/18/1990** 3a. Date of Last Report **02/20/1996**
 4. FEI Number **65-0237593** 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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **7101 SW 102 AVE** 26 **7101 SW 102 AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **MIAMI, FL** 27 **MIAMI, FL**
 City & State City & State
 23 **33173** 28 **33173** 29 **USA** 30 **USA**
 Zip Country Zip Country

g. Name and Address of Current Registered Agent
GOODMAN, ALVIN, ESQUIRE
7101 S.W. 102ND AVENUE
MIAMI FL 33173

10. Name and Address of New Registered Agent
 81 Name **N/A**
 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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOODMAN, ALVIN, ESQUIRE	
STREET ADDRESS	7101 S.W. 102ND AVENUE	
CITY-ST-ZIP	MIAMI FL	
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	400002250264--1
2.3 STREET ADDRESS	-07/29/97--01036--008
2.4 CITY-ST-ZIP	****165.00 ****165.00
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	

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 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.

CR2E034 (4/97)

GOODMAN AND KAMEN
COUNSELORS AND ATTORNEYS AT LAW
7101 SW 102 Avenue
MIAMI, FLORIDA 33173

TELEPHONE (305) 279-8000
FAX (305) 279-0848

ALVIN GOODMAN

CINDI KAMEN
Member of the Florida,
Washington and New York
Bar Associations

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19960

July 15, 1997

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, Florida 32302

RE: Alvin Goodman, P.A.
FEI Number 65-0237593

Dear Sir/Madam:

As per my conversation with your office this morning, this letter is to confirm that I never received my first Annual Report. I have moved my office and have been advised that your office does not forward Annual Reports.

I am enclosing my check for \$165.00 and my completed Annual Report.

If you have any questions, please feel free to contact my office.

Yours truly,

GOODMAN AND KAMEN



ALVIN GOODMAN, ESQUIRE

AG:clh
Enclosures.