FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # S21967

1. Corporation Name
Luis S. Konski, P.A.

Principal Place of Business
1101 Brickell Avenue
Suite 1801
Miami, Florida 33131

Mailing Address

2. Principal Place of business
21 1101 Brickell Ave.
22 Suite, Apt. #, etc. St. 1801
23 City & State Miami, FL.
24 Zip 33131 25 County Dade

2a. Mailing Address
26 1101 Brickell Ave.
27 Suite, Apt. #, etc. St. 1801
28 City & State Miami, FL.
29 Zip 33131 30 Country U.S.

3. Date Incorporated or Qualified 1/2/1991
3a. Date of Last Report 4/13/95
4. FEI Number 59-3057719
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fee
8. This corporation has liability for Long Term Care under Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
Konski, Luis S.
1101 Brickell Avenue.
Suite 1801
Miami, Florida 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip

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 Luis S. Konski Date 6/25/96

12. OFFICERS AND DIRECTORS

1	President Luis S. Konski 1101 Brickell Ave. St. 1801 Miami, Florida 3313	DELETE
2	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE
3	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE
4	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE
5	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE
6	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Change Add
2	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Change Add
3	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Change Add
4	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change Add
5	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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***225.00

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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; or that my name appears in Block 12 or Block 13 if changed or added by an attachment with an address.

SIGNATURE: Luis S. Konski 6/25/96 (305) 373-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/96