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Mar 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S51448 (6)

1. Corporation Name:  
LASERCARE, INC.

Principal Place of Business:

407 LINCOLN RD  
SUITE 4A  
MIAMI BEACH FL 33139

Mailing Address:

407 LINCOLN RD  
SUITE 4A  
MIAMI BEACH FL 33139-3008



3. Date Incorporated or Qualified 05/08/1991	3a. Date of Last Report 01/24/1996
4. FEI Number 65-0259650	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2762 N.W. 22 STREET Suite, Apt. #, etc. 22 City & State 23 Miami Florida Zip 24 33142	2a. Mailing Address 26 2762 NW 22 STREET Suite, Apt. #, etc. 27 City & State 28 Miami, Florida Zip 29 33142
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9. Name and Address of Current Registered Agent

BEKERMANN, ISAAC  
407 LINCOLN RD  
SUITE 4A  
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name BEKERMANN, ISAAC	85 Zip Code 33142
82 Street Address (P.O. Box Number is Not Acceptable) 2762 N.W. 22 STREET	
83 City Miami	
84 State FL	

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BEKERMANN, ISAAC 407 LINCOLN ROAD, SUITE 4A MIAMI FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SREDNI, ENRIQUE 407 LINCOLN ROAD, SUITE 4A MIAMI FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	P BEKERMANN, ISAAC 2762 NW 22 STREET Miami, Florida 33142 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VP SREDNI, ENRIQUE 2762 NW 22 STREET Miami, Florida 33142 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Enrique Sredni 3-6-97 (305) 6377771

CR2E034 (9/96)