

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

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S73086 (8)

1. Corporation Name
KAUFMAN MELAMED & KARP, P.A.

Principal Place of Business
11900 BISCAYNE BLVD
SUITE 262
MIAMI FL 33181

Mailing Address
11900 BISCAYNE BLVD
SUITE 262
MIAMI FL 33181



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/14/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0276022	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KAUFMAN, DANA M. 11900 BISCAYNE BOULEVARD SUITE 262 MIAMI FL 33181				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 607.1508, 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	KAUFMAN, DANA M.	1.1 TITLE		1.2 NAME	
STREET ADDRESS	11900 BISCAYNE BLVD 262			1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
CITY - ST - ZIP	MIAMI FL			2.1 TITLE		2.2 NAME	
				2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
TITLE	VD	NAME	MELAMED, ELLIOT S.	3.1 TITLE		3.2 NAME	
STREET ADDRESS	11900 BISCAYNE BLVD 262			3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
CITY - ST - ZIP	MIAMI FL			4.1 TITLE		4.2 NAME	
				4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
TITLE	STD	NAME	KARP, STEVEN Y.	5.1 TITLE		5.2 NAME	
STREET ADDRESS	11900 BISCAYNE BLVD 262			5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
CITY - ST - ZIP	MIAMI FL			6.1 TITLE		6.2 NAME	
				6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	
TITLE		NAME					
STREET ADDRESS							
CITY - ST - ZIP							

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.

SIGNATURE:

[Handwritten signatures and dates]

CR2E034 (10/97)