


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

**FILED**  
**Mar 25 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S82270 (7)**

1. Corporation Name  
**RAMON HOSPITALET, P.A.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1140 WEST 50TH ST. SUITE #302 HIALEAH FL 33012 US	Mailing Address 1140 WEST 50TH ST. SUITE #302 HIALEAH FL 33012 US
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3. Date Incorporated or Qualified  
**09/24/1991**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

4. FEI Number **65-0314082**

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

9. Name and Address of Current Registered Agent

**HOSPITALET, RAMON A.**  
**6047 WEST 22ND LANE**  
**HIALEAH FL 33016**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**9010 N.W. 145th LANE**  
 83  
 84 City **MIAMI** FL 85 Zip Code **33018**

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 *Ramon Hospitalet* DATE **03/17/98**

Signature typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HOSPITALET, RAMON A.</b>	
STREET ADDRESS	<b>7602 W 29TH LANE</b>	
CITY - ST - ZIP	<b>HIALEAH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HOSPITALET, REGLA</b>	
STREET ADDRESS	<b>7602 W 29 LANE</b>	
CITY - ST - ZIP	<b>HIALEAH FL</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>9010 N.W. 145th LANE</b>
1.4 CITY - ST - ZIP	<b>MIAMI FL 33018</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>9010 N.W. 145th LANE</b>
2.4 CITY - ST - ZIP	<b>MIAMI FL 33018</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>RAYMOND HOSPITALET</b>
3.3 STREET ADDRESS	<b>7502 W. 29 LANE</b>
3.4 CITY - ST - ZIP	<b>HIALEAH, FL. 33018</b>
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 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: *Ramon Hospitalet* **Ramon A. Hospitalet 03/17/98 (305) 557-3565**

CR2E034 (10/97)