

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

**FILED**

**Apr 30 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S83408 (2)**

1. Corporation Name  
**M.D. DATRAN, INC.**



Principal Place of Business <b>9090 S. DADELAND BLVD. MIAMI FL 33156 US</b>	Mailing Address <b>9090 S DADELAND BLVD MIAMI FL 33156-7820 US</b>
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3. Date Incorporated or Qualified <b>09/27/1991</b>	3a. Date of Last Report <b>07/19/1996</b>
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2. Principal Place of Business 21 <b>9130 S. DADELAND BLVD</b>	2a. Mailing Address 26 <b>9130 S. DADELAND BLVD</b>
Suite, Apt. #, etc. 22 <b>SUITE 100</b>	Suite, Apt. #, etc. 27 <b>SUITE 100</b>
City & State 23 <b>MIAMI, FL</b>	City & State 28 <b>MIAMI, FL</b>
Zip 24 <b>33156</b>	Country 25 <b>U.S.</b>
Zip 29 <b>33156</b>	Country 30 <b>U.S.</b>

4. FEI Number <b>65-0317599</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

9. Name and Address of Current Registered Agent <b>ALLEN, GEORGE F. JR. 2665 S BAYSHORE DR PH1-A MIAMI FL 33133</b>		10. Name and Address of New Registered Agent	
81 Name	<b>CORPORATION COMPANY OF MIAMI</b>		
82 Street Address (P.O. Box Number is Not Acceptable)	<b>201 S. BISCAYNE BLVD.</b>		
83	<b>1600 MIAMI CENTER</b>		
84 City	<b>MIAMI FL</b>	85 Zip Code	<b>33131</b>

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: Robert C. Somerville, V.P. **ROBERT C. SOMERVILLE, VICE PRESIDENT** 4/28/97  
DATE: 4/28/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPS</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DPS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PULENTA, LUIS A.</b>	1.2 NAME	<b>PULENTA, LUIS A.</b>
STREET ADDRESS	<b>9090 S DADELAND BLVD</b>	1.3 STREET ADDRESS	<b>9130 S. DADELAND BLVD, SUITE 100</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	1.4 CITY - ST - ZIP	<b>MIAMI, FL 33156</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>DV</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GLAS, RICARDO</b>	2.2 NAME	<b>GLAS, RICARDO</b>
STREET ADDRESS	<b>9090 S DADELAND BLVD</b>	2.3 STREET ADDRESS	<b>9090 S. DADELAND BLVD</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	2.4 CITY - ST - ZIP	<b>MIAMI FL 33156</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>400002164374</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-05/02/97--01117--049</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>***165.00</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 person or persons 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 addressee.

SIGNATURE: [Signature] **LUIS A. PULENTA, PRESIDENT** 4/28/97 (305) 670-3056  
DATE: 4/28/97 Daytime Phone #

CR2E034 (9/96)