

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

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**Apr 30 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 # **S83414** (0)

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



Principal Place of Business: **9090 S. DADELAND BLVD. MIAMI FL 33156 US**

Mailing Address: **9090 S DADELAND BLVD MIAMI FL 33156-7820 US**

|                                      |  |                                      |  |   |   |
|--------------------------------------|--|--------------------------------------|--|---|---|
| 2. Principal Place of Business       |  | 2a. Mailing Address                  |  | 3. Date Incorporated or Qualified   | 3a. Date of Last Report   |
| 21. <b>9130 S. DADELAND BLVD</b>     |  | 26. <b>9130 S. DADELAND BLVD</b>     |  | <b>09/27/1991</b>   | <b>07/19/1996</b>   |
| 22. <b>SUITE 100</b>                 |  | 27. <b>SUITE 100</b>                 |  | 4. FEI Number   | Applied For   |
| 23. <b>MIAMI, FL</b>                 |  | 28. <b>MIAMI, FL</b>                 |  | <b>65-0286953</b>   | Not Applicable  |
| 24. <b>33156</b> Country <b>U.S.</b> |  | 29. <b>33156</b> Country <b>U.S.</b> |  | 5. Certificate of Status Desired  | <b>\$8.75</b> Additional Fee Required                               |
|                                      |  |                                      |  | 6. Election Campaign Financing Trust Fund Contribution                                  | <b>\$5.00</b> May Be Added to Fees                                  |
|                                      |  |                                      |  | 7. 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                                    |  |  |  | 10. Name and Address of New Registered Agent           |  |  |  |
| <b>ALLEN, GEORGE F. JR<br/>801 BRICKELL AVENUE<br/>STE 1401<br/>MIAMI FL 33131</b> |  |  |  | <b>CORPORATION COMPANY OF MIAMI</b>                    |  |  |  |
|  |  |  |  | 81. Name   |  |  |  |
|  |  |  |  | 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</b> FL 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. Sommerville, Vice President* **ROBERT C. SOMMERVILLE VICE PRESIDENT 4/28/97**

| 12. OFFICERS AND DIRECTORS |                             |                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |  |  |
|----------------------------|-----------------------------|---------------------------------|--|---|--|--|--|
| TITLE                      | <b>DV</b>                   | <input type="checkbox"/> DELETE |  | 1.1 TITLE   | <b>DP</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>DPS</b>                  | <input type="checkbox"/> DELETE |  | 2.1 TITLE   | <b>DV</b>                                | <input checked="" type="checkbox"/> Change | <input 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>9130 S. DADELAND BLVD., SUITE 100</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   | <b>S</b>                                 | <input checked="" type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME                       |                             |                                 |  | 3.2 NAME  | <b>GONZALEZ, JOSE</b>                    |  |  |
| STREET ADDRESS             |                             |                                 |  | 3.3 STREET ADDRESS                                    | <b>9130 S. DADELAND BLVD., SUITE 100</b> |  |  |
| CITY-ST-ZIP                |                             |                                 |  | 3.4 CITY-ST-ZIP                                       | <b>MIAMI, FL 33156</b>                   |  |  |
| 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 type="checkbox"/> Addition            |
| NAME                       |                             |                                 |  | 6.2 NAME  | <b>900002164379</b>                      |  |  |
| STREET ADDRESS             |                             |                                 |  | 6.3 STREET ADDRESS                                    | <b>-05/02/97--01117--050</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)(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 in Block 13 if added, with an address.

SIGNATURE: *Luis A. Puleta* **LUIS A. PULENTA, PRESIDENT 4/28/97 (305) 670-3056**

CR2E034 (9/96)