

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

FILED

Feb 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S93116 (9)
1. Corporation Name
DOCTOR COMPUTER, INC.



Principal Place of Business 14580 SW 113 ST SUITE 103 MIAMI FL 33143 US	Mailing Address 14580 SW 113 ST MIAMI FL 33255 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8260 N.W. 27 St. Suite, Apt. #, etc. 22 410 City & State 23 Miami, FL. Zip 24 33122 Country 25 USA	2a. Mailing Address 26 8260 N.W. 27 St. Suite, Apt. #, etc. 27 410 City & State 28 Miami, FL. Zip 29 33122 Country 30 USA
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3. Date Incorporated or Qualified 11/12/1991	4. FEI Number 65-0294747	Applied For 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 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

IBARRA, DOUGLAS R
14580 SW 113 ST
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name Douglas R. Ibarra	82 Street Address (P.O. Box Number is Not Acceptable) 8260 N.W. 27 Street	83 Suite # 410	84 City Miami	85 Zip Code FL 33122
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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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IBARRA, DOUGLAS R	1.2 NAME	
STREET ADDRESS	14580 SW 113 ST	1.3 STREET ADDRESS	8260 N.W. 27 St. # 410
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	Miami, FL. 33122
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISSALL, RICHARD	2.2 NAME	
STREET ADDRESS	5958 SW 60 ST	2.3 STREET ADDRESS	8260 N.W. 27 St. # 410
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	Miami, FL. 33122
TITLE		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		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		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		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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

1/28/98

(305) 471-5111

CR2E034 (10/97)