FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name V02941

(5)

SIGNATURE:

DELRAY E.N.T., P.A.										
Principal Place o	f Business	Mailing Address			,	T TABUT BAIDH MDHA HANR IDHN DINDH 155	01 V:011 01U11 011	HI WIWII W	1811 B1811 1881	
9960 CENTRAL SUITE 301	PARK BLVD. SO.	9960 CENTRAL PARK SUITE 301	9960 CENTRAL PARK BLVD. SO. SUITE 301							
BOCA RATON FL 33428 US		BOCA RATON FL 2242 US	BOCA RATON FL 22428-1759 US			3. Date Incorporated or Qualified 3a. Date of Last Report 12/30/1991 04/26/1995				
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number		\vdash	pplied For	
1		26				65-0302313			lot Applicable Additional	
Suite, Apt. #, etc		Suite, Apt. #, etc.	in the second se			5. Certificate of Status Desired Fee Required				
City & State		City & State	,			6. Election Campaign Financing		\$5.00	May Be	
3		28				Trust Fund Contribution			I to Fees	
Zιρ	Country	Ζφ	Coun	try		8. This corporation has liability for in Florida Statutes X Yes	tangible tax u □ No	nder s	199.032,	
4	25	29	30			Florida Statutes Yes 10. Name and Address of New Re		ant		
	9. Name and Address of Curr	ent Hegistered Agent		81 N	anie	10. Name and Address of New York	giotoi ou rigi			
0HTED 4	DECARU I									
	GREGORY J.			B2 St	reet Addres	dress (P.O. Box Number is Not Acceptable)				
SUITE 40	ST PALMETTO PARK ROAD		ļ.	83						
	TON FL 33433		-					85 Zır	Code	
BOOK IV	(1011) 12 33433			84 Ci	ty.		FL I	DO 44	Code	
12. THLE	D	NO DIRECTORS	13.	,-		ADDITIONS/CHANGES TO OFFIC		Change	Addition	
ļ	d Pineyro, roberto	☐ DECLUE	1 2 NA					or ungo	_	
NAME STREET ADDRESS	9960 CENTRAL PARK BLVI	D. SO., SUITE 301	1.3 STREET ADDRESS		RESS					
CITY-S1-ZIP	BOCA RATON FL		14 01	Y - SF - ZII	p					
TITLE		DELETE	2 1 11	1 TITLE				Change	☐ Addition	
NAME			22 NA	ME						
STREET ADDRESS			2351	REET ADD	RESS					
CITY-ST-ZIP		ED DOLL		Y - S1 - 7	P			Change	Addition	
TITLE		DELETE	3 1 TF 3 2 NA						—	
NAME STREET ADDRESS				PEET ACK	JRESS					
CITY-ST-ZIP				ry - 51 - <i>2</i> 1	1					
TiTLE		☐ DELETE	4 1 Ts					Change	☐ Addition	
NAME			. 42 Na	ME						
STREET ADDRESS			4351	HEFT AD(PESS					
City+St-ZiP				Y-ST-ZI	Р			Change	Add tion	
TITLE		☐ DELFTE	5 1 11				L	chia ige	L Nagrian	
NAME			5 2 NA	(ME REFITADO	MDCCC					
STREET ADDRESS				621 AU. 14 - ST - Z						
CITY-ST-ZIP TITLE		DELETE	6.17					Change	Addition	
NAME		E	62 N							
STREET ADDRESS			i	HEET ACH	DRESS:					
CITY OF TID			640	TY - ST-Z	IF				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
certify that oath, that	, the information indicated on this at Lam an office: or director of the co	ed with this filing is voluntarily fu innual report or supplemental ar irporation or the receiver or trus or on an attachment with an ad	nndai repon i Jee empowe	does n s true a red to e	ot qualify fo and accural execute this	or the exemption stated in Section 119. Le and that my signature shall have the s report as required by Chapter 607, Flo	07(3)rk), Florid same legal ef brida Statutes	la Statu fect as , and th	tes Hurther if made under iat my name	

TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERTO PINEYRO THAT 3/7/96 407-483-4088