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

May 12 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE Secretary of State CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # V02941 (5)DELRAY E.N.T., P.A. Mailing Address 9900 Central Park BLVD. SO. Suite 901 Principal Place of Business SUITE 401 Y 2 BLVD. SO. Estal Park Blud. & **BOCA RATON FL 33428 BOCA RATÓN FL 33428-1760** 3. Date Incorporated or Qualified 3a. Date of Last Report 12/30/1991 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0302313 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 25 24 29 30 Florida Statutes Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RITTER, GREGORY J. 7000 WEST PALMETTO PARK ROAD 82 **SUITE 409** 83 **BOCA RATON FL 33433** Zip Code 84 of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered, 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 and accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provis of registered agent and title if approcable SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE 9970 Central Park, Blad. S. Suite you PINEYRO, ROBERTO 1.2 NAME NAME STREET ADDRESS **\*990**0 CENTRAL PARK BLVD. SO., SUITE <del>901</del> 402 1.3 STREET ADDRESS **BOCA RATON FL** 334 aP 1.4 CHY-ST-7IF CITY-ST-ZIF DELETE Change Addition TITLE 211/115 NAME 22 NAME STREET ADDRESS 2.3 \$TREE1 ADDRESS CITY-ST-ZIP 2 4 CHY-\$1-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City-St-ZiP CITY-ST-ZIP DELETE TITLE 5.1 THLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 1111.E 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 complication or the receivor or trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 devinged, or on an attachment with an address.

4-24-97

ROBERT PINOURO

SIGNATURE:

**FILED**