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



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PROFIT CORPORATION ANNUAL REPORT 1998			FI ORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Jan 15 1998 8:00am Secretary of State	
DOCUME 1. Corporation Nat	ENT # V086	605	(0)			
FAM INVES	STMENTS, INC.				 	BIĐI BIĐI BIĐI BIĐI BIĐI ĐIĐI ĐIĐI
Principal Place of I	Business	Maile	ng Address			
#FLORENCI SANCHEZ-LOPEZ. M.D. 1241 S.W. 1ST STREET MIAMI FL 3313S			%FLORENCI SANCHEZ-LOPEZ, M.D. 1241 S.W. 1ST STREET MIAMI FL 33135		DO NOT WRITE IN T	HIS SPACE
					01/23/1992	
2. Principal Place	of Business	2a. N	failing Address		4. FEI Number	Applied For
Sulte, Apt. #, etc	^	26	uite, Apt. #, etc.		65-0310477	Not Applicable
22	o .	27	Site. 7411. #, 616.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	29		Country 30	8. This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
	Name and Address of EZ-LOPEZ, MIRTHA	Current Register	ed Agent	81 Name	10. Name and Address of New Registe	red Agent
1241 \$.	W. 1ST STREET L 33135			82 Street Add 83 84 City	dress (P.O. Box Number is Not Acceptable)	 85
11. Pursuant to the office or registe agent. I am far	a provisions of Sections 6 ered agent, or both, in the miliar with, and accept the	07.0502 and 607 e State of Florida e obligations of, S	1508, Florida Statulo Such change was a Section 607.0505, Flo	es, the above-named cor authorized by the corpora irida Statutes.	rporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE Signat	ure, typed or printed name of regis	tered agent and ton if a	pplicable (NOTE	Registered Agent signature requ	ured when reinstating) DA	11
12.	OFFICE	RS AND DIRECTO	วกร	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
	SD	114	L. DELETE	1.1 TITLE		Change Addition
	Anchez-Lopez, mirt 241 SW 1ST Street	HA		1.2 NAME 1.3 STREET ADDRESS		
	IAMI FL			1.4 CHY-SI-ZIP		
TITLE			DETETE	2.1 THLE		Change Addition
NAME				2.2 NAME		
STREET ADDRESS						
OUTL OF TIP				2.3 STREET ADDRESS		
CITY-ST-ZIP			DELETE	2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	-	Change Addition
			DOLLETE	2.3 STREET ADDRESS		Change Addition
TITLE			DITELE	2.3 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 THEE	-	Change Addition
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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 of the Deiver 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 the analysis of the corporation o

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305-541-2000