


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

FILED
Apr 25 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 # V41829 (5)
 1. Corporation Name
CARMEN M. MORALES, P.A.



Principal Place of Business 26 W FLAGLER ST 42TH FLOOR MIAMI FL 33130-1806	Mailing Address 28 W FLAGLER ST 12TH FLOOR MIAMI FL 33130-1806
--	--

3. Date Incorporated or Qualified 06/08/1992	3a. Date of Last Report 04/26/1996
4. FEI Number 65-0342598	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 44 West Flagler St. Suite, Apt. #, etc. 22 Suite 1500 City & State 23 Miami, Florida Zip Country 24 33130-6805 25 USA	2a. Mailing Address 26 44 West Flagler St. Suite, Apt. #, etc. 27 Suite 1500 City & State 28 Miami, Florida Zip Country 29 33130-6805 30 USA
---	--

9. Name and Address of Current Registered Agent
**MORALES, CARMEN M.
 28 W. FLAGLER ST.
 12TH FLOOR
 MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name MORALES, CARMEN M.
82 Street Address (P.O. Box Number is Not Acceptable) 44 WEST FLAGLER ST.
83 SUITE 1500
84 City MIAMI
85 Zip Code FL 33130-6805

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MORALES, CARMEN M	
STREET ADDRESS	28 W. FLAGLER ST., 12TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MORALES, CARMEN M	
1.3 STREET ADDRESS	44 WEST FLAGLER ST., SUITE 1500	
1.4 CITY-ST-ZIP	MIAMI, FL 33130-6805	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 on an attachment with an address.

SIGNATURE: _____ (11-97 (30E) 204-4221)

CR2E034 (9/96)