

ED

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the situation.

(6)

4075 PONCE DE LEON COMPANY, INC.

STATE
TALLAHASSEE, FLORIDA

4075 PONCE DE LEON BOULEVARD
CORAL GABLES FL 33146-1417

9190 CORAL WAY
CORAL GABLES FL 33165

[illegible]

		3. Date of Previous Report		3a. Date of Last Report	
		08/13/1969		04/29/1994	
2. Principal Officer's Signature		2b. Member's Signature		4. FID Number	
21		26		59-1418247	
State, Apt. # & City		State, Apt. # & City		5. Certificate of Status Desired	
22		27		87.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	
23		28		55.00 May Be Added to Fees	
7a. Fee		7b. Fee		8. Total Contribution to the Political Fund (Indicate the Fee Schedule to Which You Refer)	
24		25		Florida Statutes ☐ or ☐ No	
		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FUENTES, EDUARDO
9190 CORAL WAY
CORAL GABLES FL 33146

81	Name:
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02 Street Address, PO Box Number or Post Office location

10

84	01
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FL

85	Zip Code
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11. Pursuant to the provisions of Sections 7, 7.01, 7.02, and 6.01, Florida Statutes, the above named corporation submits the 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, thereby, and not the appointment as registered agent. I am familiar with and accept the obligation of Sections 7, 7.01, 7.02, and 6.01, Florida Statutes.

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^a The values are calculated from the following equation: $\text{C}_{\text{max}} = \frac{\text{AUC} \times F}{t_{1/2}}$, where C_{max} is the maximum plasma concentration; AUC is the area under the curve; F is the bioavailability; t_{1/2} is the half-life.

1997

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES, DELETIONS, OFFICERS AND DIRECTORS (P. 12)		
NAME	PD FUENTES, EDDIE		1. NAME		☐ Change ☐ Addition
STREET ADDRESS	6260 SW 145TH ST.		2. STREET ADDRESS		
CITY, STATE	MIAMI FL		3. CITY, STATE		
NAME	SD FUENTES, LILLIAN		4. NAME		☐ Change ☐ Addition
STREET ADDRESS	6260 SW 145TH ST.		5. STREET ADDRESS		
CITY, STATE	MIAMI FL		6. CITY, STATE		
NAME			7. NAME		☐ Change ☐ Addition
STREET ADDRESS			8. STREET ADDRESS		
CITY, STATE			9. CITY, STATE		
NAME			10. NAME		☐ Change ☐ Addition
STREET ADDRESS			11. STREET ADDRESS		
CITY, STATE			12. CITY, STATE		
NAME			13. NAME		☐ Change ☐ Addition
STREET ADDRESS			14. STREET ADDRESS		
CITY, STATE			15. CITY, STATE		
NAME			16. NAME		☐ Change ☐ Addition
STREET ADDRESS			17. STREET ADDRESS		
CITY, STATE			18. CITY, STATE		

[illegible]

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER ON DUTY FOR

Eduardo FUENTES

4/26/95

305 223 1434