F COR ANNU	U.A. DEDODY (SEE SHOW)			EPARTMENT OF TRANSPORTED TO THE PROPERTY OF State	F STATE	APPROVED AND FILED 98 APR 24 PM 2: 21			
DOCUMENT # M09159 1. Corporation Name (8)						SECRETARY OF STATE TALLAHASSEE. FLORIDA			
AMAI	A LOPEZ-CAN	TERA,P.A						TATLET	
Principal Place of Business Mailing Address 2300 CORAL WAY 2300 CORAL WAY #200 #200 MIAMI FL 33145 MIAMI FL 33145						DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualified 12–18–1984	l		
2. Principal Pla	ace of Business		2a. Mailing Address			4. FEI Number		I	oplied For
	CORAL WAY		26 2300 CORA	L WAY		59-2481225			ot Applicable
	# 200		Suite, Apt. #, etc. 27 SUITE # 2			5. Certificate of Status Desired		•	Additional equired
City & State			City & State			6. Election Campaign Financing	П		May Be
Zip Zip	FLORIDA Count	try	28 MIAMI, FI	ORIDA Coun	itry	Trust Fund Contribution 8. This corporation owes or has p	=_		to Fees
33145	7 723.45			5 30 US		Personal Property Tax due June 30. Yes No			
	g, Name and Addr	ess of Current R	legistered Agent		Name	10. Name and Address of New F	legistered	Agent	
2300 (SUITE MÍAMI	FLORIDA 331	45		8	33 City	dress (P.O. Box Number is Not Accept	Fl	.	Code
SIGNATURE	o the provision soli Security of both templer with and action and actions of the security of protect name of the security of protect name of the security of protect name of the security of t	WWW.	/\ AMADA (CANTERA	LOPEZ.PE	rooration submits this statement for the ation's board of directors. I hereby acc	purpose of ept the ap	printment as	is registered registered
12.		OFFICERS AND		13.	-gent signature radi	ADDITIONS/CHANGES TO OFF		D DIRECTOR	RS IN 12
TITLE	P/ LOPEZ-CA	NTERA AMA	DA DELETE		1			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	2300 CORAL MIAMI FLORI	•	# 200		EET ADDRESS		/98(01118	022
TITLE			JELETE			****!	50.00	Change	Agoition
NAME			•	2.2 NAM	IE				
STREET ADDRESS	•			2.3 STRE	EET ADDRESS				
CITY-ST-ZIP	<u></u>		DELETE		Y - ST - ZIP			Change	Addition
NAME			C Determ	3.0 HILL 3.2 NAM				☐ Criange	L Addition
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP				3.4. CITY	Y-ST-ZIP				
TITLE			☐ DELETE		1			Change	Addition
NAME				1. 2 NAM	ì				
STIFEET ADDRESS					EET ADDRESS '- ST - ZIP				
THE THE	· · · · · · · · · · · · · · · · · · ·		☐ DELETE					Change	Addition
NAME			_	5.2 NAM				-	•
STREET ADDRESS				53 STRE	EET ADDRESS				

14. 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 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

__ Change ___ Addition