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PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M96320

1. Corporation Name
ILDEFONSO R. MAS, M.D. AND ASSOCIATES, P.A.



Principal Place of Business Mailing Address
3659 S MIAMI AVE. STE 6002 3003 MIAMI FL 33133
3659 S MIAMI AVE. STE 6002 3003 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 3003 27 3003
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified
08/29/1988
4. FEI Number
65-0079644
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
MAS, ILDEFONSO R.
3659 SOUTH MIAMI AVENUE, SUITE 6002
MIAMI FL 33133-1231
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: *Ildefonso R. Mas* President DATE: January 5, 1999

12. OFFICERS AND DIRECTORS
TITLE: D MAS, ILDEFONSO R. 3659 S MIAMI AVE, 6002 3003 MIAMI FL 33133
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
1.2 NAME: suite 3003
1.3 STREET ADDRESS: suite 3003
1.4 CITY-ST-ZIP: suite 3003
2.1 TITLE: P/D MAS, ILDEFONSO R. 3659 S. MIAMI AVE, 3003 MIAMI, FL. 33133
2.2 NAME: MAS, ILDEFONSO R.
2.3 STREET ADDRESS: 3659 S. MIAMI AVE, 3003
2.4 CITY-ST-ZIP: MIAMI, FL. 33133
3.1 TITLE: V/D MAS, ILDEFONSO S. 3659 S. MIAMI AVE, 3003 MIAMI, FL. 33133
3.2 NAME: MAS, ILDEFONSO S.
3.3 STREET ADDRESS: 3659 S. MIAMI AVE, 3003
3.4 CITY-ST-ZIP: MIAMI, FL. 33133
4.1 TITLE: V/D MAS, RAFAEL J. 3659 S. MIAMI AVE, 3003 MIAMI, FL. 33133
4.2 NAME: MAS, RAFAEL J.
4.3 STREET ADDRESS: 3659 S. MIAMI AVE, 3003
4.4 CITY-ST-ZIP: MIAMI, FL. 33133

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, with all other like empowered.

SIGNATURE: *Ildefonso R. Mas* DATE: January 5, 1999. (305) 858-3494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)