

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

90 MAY -1 AM 4:42

SECRETARY OF STATE
TALAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Norman Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000001475 (1)

1. Corporation Name:
ORLANDO FERNANDEZ SR., P.A.

Principal Place of Business: 2350 CORAL WAY SUITE 403 MIAMI FL 33145	Mailing Address: 2350 CORAL WAY SUITE 403 MIAMI FL 33145
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified: 01/08/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0379357	Applied For: Not Applicable
5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing: Trust Fund Contributions: <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under its home state or foreign statute: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business:	2b. Mailing Address:
21. State Apt. # etc.:	26. State Apt. # etc.:
22. City & State:	27. City & State:
24. Zip:	29. Zip:
25. Locality:	30. Locality:

9. Name and Address of Current Registered Agent

**FERNANDEZ, ORLANDO
2350 CORAL WAY
SUITE 403
MIAMI FL 33145**

10. Name and Address of New Registered Agent

81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. State:
85. Zip Code:

11. Pursuant to the provisions of Sections 607.01(2) and 607.10(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as requested in part 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 a registered agent under Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

12a. NAME:	DP FERNANDEZ, ORLANDO
12b. STREET ADDRESS:	2350 CORAL WAY SUITE 403
12c. CITY:	MIAMI FL
12d. NAME:	
12e. STREET ADDRESS:	
12f. CITY:	
12g. NAME:	
12h. STREET ADDRESS:	
12i. CITY:	
12j. NAME:	
12k. STREET ADDRESS:	
12l. CITY:	
12m. NAME:	
12n. STREET ADDRESS:	
12o. CITY:	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS:

13a. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13b. STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13c. CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13d. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13e. STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13f. CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13g. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13h. STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13i. CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13j. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13k. STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13l. CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and I own and equally for the corporation stated in the above Florida Statutes. I further certify that the information contained 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 in the state that I am an officer or director of the corporation or the manager or trustee employed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet with an address.

SIGNATURE: *Orlando Fernandez*
SIGNATURE AND TYPE OR PRINT NAME OF REGISTERED OFFICER OR DIRECTOR
Orlando FERNANDEZ Sr.

4/25/95

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NATIONAL
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CORPORATION REPORT

DOCUMENT # **P93000001497 (5)**

CHALLENGE MANAGEMENT COMPANY INC.

FLORIDA
MILWAUKEE FLORIDA

6836 S.W. 37TH ST
MIAMI FL 33155

6836 S.W. 37TH ST.
MIAMI FL 33155

2. Filing Office		28. Mailing Address		3. Date of Last Report	3a. Date of Report
21. 6836 SW 37th St		26. 6836 SW 37th St		01/06/1993	05/01/1994
22. State		27. State		4. Filing Office	
23. Miami Fla		28. Fla, miami		65-0378639	
24. 33155		25. USA		5. Certificate of Status Desired	
29. 33155		30. U.S.A.		<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Executive Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. Other Applicable Provisions of Florida Statutes	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SANTANA, ISABEL 6836 S.W. 37TH ST. MIAMI FL 33155				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. State	
				85. Zip Code	
				FL	

11. Pursuant to the provisions of Sections 607.02 and 607.0502 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, to accept the appointment as registered agent. I am not being appointed as registered agent for the Florida Foreign Statutes.

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	D SANTANA, ISABEL 6836 S.W. 37TH ST. MIAMI FL 33155	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP CODE		ZIP CODE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP CODE		ZIP CODE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP CODE		ZIP CODE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption related to Sections 607.02 and 607.0502 Florida Statutes. I further certify that this information is being filed for the annual report or supplemental annual report or to amend 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 liquidator named to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of the F-101 Form filed on an attachment with this filing.

SIGNATURE: *X Isabel Santana* 4/28/95 3056651746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR