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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000057897 (9)

ANTONIO A. FERNANDEZ, P.A.

Principal Place of Business

Mailing Address

FILED

Jan 28 1998 8:00am

Secretary of State

901 PONCE DE LEON BLVD. #304 CORAL SPRINGS FL 33134 US		2654 SW 26TH COURT MIAMI FL 33133 US	MIAMI FL 33133			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/18/1993				
	lace of Business	2a, Mailing Address				4. FEI Number		-	plied For	
Suite, Apt.	# atc	Suite Apt # etc	Suite, Apt. #, etc.			65-0447773		\$8.75	t Applicable	
22	π, οιο.		27			5. Certificate of Status Desired		Fee Re		
City & Stat	ө	City & State	~ ′			Election Campaign Financing Trust Fund Contribution		\$5.00 Added		
Zip 24	Country 25	Zip 29	Countr 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
	9. Name and Address of Curren	it Registered Agent		1 Na		10. Name and Address of New Regi	stered Ag	jent		
FERNANDEZ, ANTONIO A					ame					
	21 SW 29 AVENUE AMI FL 33133		8	⊥_	reet Ac	ddress (P.O. Box Number is Not Acceptable)			
			8	3						
			8	4 Ci	ly		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	Signature, typed or printed name of registered age	or and title if sonticable (NOT)	Hegistered A	annt sia	nature re	quired when reinstating)	DATE]	
12,	OFFICERS AND DIRECTORS			9011 019		ADDITIONS/CHANGES TO OFFICER		RECTOR	S IN 12	
TITLE	D	DELETE	1.1 TITLE					Change	Addition	
NAME	FERNANDEZ, ANTONIO A		1.2 NAM	1.2 NAME						
STREET ADDRESS	2721 SW 29 AVENUE	1.3 STAF	1.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL 33133			1.4 CłTY - ST - ZIP						
TITLE	☐ DELETE			21 TITLE				Change	Addition	
NAME			2.2 NAME						Ì	
STREET ADDRESS			2.3 STREET ADORESS						Ì	
CITY-ST-ZIP		2. 4 CITY	- ST - ZIF	,						
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NAME			3 2 NAM	Ε						
STREET ADDRESS			3.3 S1RE	et addr	.ESS					
CITY-ST-ZIP				3.4. CITY-ST-ZIP						
通信 "		☐ DELETE	4.1 TITLE				L_	Change	Addition	
NAME			4. 2 NAM							
STREET ADDRESS			4.3 STRE	ET ADDR	ESS					
CITY-ST-ZIP		Doriese	4.4 CITY		+			Tohanas	Addition	
TITLE		☐ DELETE	5.1 TAILE				ــا	j Change		
NAME			5.2 NAME		\				1	
STREET ADDRESS			5 3 STRE		- 1				Ì	
CITY-ST-ZIP		DELETE	5.4 CITY-					Change	Addition	
TITLE			6.1 TITLE				L-	1 Augulie	LI AUGUNI	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE		- 1					
CITY-ST-ZIP			6.4 CITY	ST-ZIP						

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 of 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 tho receiver of 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 ar attachment with an address.

A1A114-11BB

1/16/94 (205)001-2011