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

**PROFIT CORPORATION** ANNUAL REPORT 1999



DOCUMENT # P9500056794

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90011 028 \*\*\*150.00

<ol> <li>Corporation</li> </ol>	n Name	,00,0						
NICOLAS	S FERNANDEZ, P.A.							
Deineis at Diseas	£ D	Mailing Address		_				
Principal Place of Business Mailing Address  C/O MARQUEZ & FERNANDEZ 782 NW LE JEUNE ROAD								
#548	. & PERNANUEZ	#548						
MIAMI FL 33126 MIAMI FL 33126				•		DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualifed 07/14/1995		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Δ	pplied For
21 c/o N	icolas Fernandez.	26 A. 780 NW	T.e.Te	une_l	Rd	65-0601144		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				_5 Certifcate of Status Desired		Additional Required
<del></del> 1	LeJeune Rd Ste		1 -		~ ~=- 4			
City & State City & State Miami, Florida Za Miami, Flor			ida	ida		6. Election Campaign Financing  Trust Fund Contribution	•	May Be to Fees
Zip Country Zip				Country		8. This corporation owes the current year In		
3312		<del>1 1</del>	30 C	SA		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent		4		10. Name and Address of New Registered	Agent	
ESU	HIDE CODDODATE SEDVICES INC		8		iur	re Corporate Service	s. In	
ESQUIRE CORPORATE SERVICES INC. 782 NW LE JEUNE ROAD #548				82 Street Address (P.O. Box Number is Not Acceptable) 780 NW LeJeune Rd Ste 324				
MIAMI FL 33126					) IN	w Lebeure Ru Ste 324		
IAIIV	WII 1 E 00 120		8	3				
	·		8	1		Miami <b>F</b> L		3126
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s the abo	ve-named	corpor	ration submits this statement for the purpose of is board of directors. I hereby accept the appo	changing it	ts registered
office or r	egistered agent, o <del>r both, in</del> the State of m far <b>h</b> iliar with, and accept the <del>obligatio</del>	Florida. Such change was au ms 🏕 Section 607.0505, Flori	inorized b da Statute	y ine corpo is.	oration	s board of directors. Thereby accept the appo	HILLIEUR AS I	egistered
SIGNATURE	Ana Ton-t	~ ~ ~ ~ <b>~</b>	4			3-23-98	<u> </u>	
SIGNATORE	Signature, typed or printed name of registered agent a		Registered Ag	ent signature r	equired v	when reinstating) DATE	ID DIDECT	
12.	OFFICERS AND		13.		DD	ADDITIONS/CHANGES TO OFFICERS A	Change	ORS IN 12
TITLE	DP	☐ DE(ETE)	1.1 TITLE		DP	·		,
NAME	FERNANDEZ, NICOLAS ESQ.	۰.	1.2 NAME		Fe	rnandez, Nicolas Esq	•	
STREET ADDRESS	782 NW LEJEUNE RD, SUITE 54	18		ET ADDRESS	/8 Mi	0 NW LeJeune Rd Ste ami, Florida 33126	324	1
CITY-ST-ZIP	MIAMI FL 33126	□ DELETE	1.4 CITY- 2.1 TITLE		LII	ami, Fi011da 33120	☐ Change	Addition
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TITLE			3.2 NAMI			•	<b>–</b> , •	
NAME.				ET ADDRESS				ľ
STREET ADDRESS			3.4. CITY					,
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	4.1 TITLE	_			☐ Change	Addition
NAME			4. 2 NAM					
STREET ADDRESS		•		ET ADDRESS	_			
CITY-ST-ZIP	•		4.4 CITY					
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME			5.2 NAM	₹		•		
STREET ADORESS			5.3 STRE	ET ADDRESS				]
CITY-ST-ZIP			5.4 CITY	ST-ZIP				
							Change	Addition

14. 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 suppliemental 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.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME STREET ADDRESS

CITY-ST-ZIP