

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000066914 (9)**

1. Corporation Name
DOCTOR'S OFFICE & MISCELLANEOUS, INC.

53 AUG 23 AM 10:20



Principal Place of Business
**11750 SW 11 STREET #403
MIAMI FL 33175**

Mailing Address
**11750 SW 11 STREET #403
MIAMI FL 33175**

3. Date Incorporated or Qualified **08/29/1995** 3a. Date of Last Report **1995**

2. Principal Place of Business
21 **2742 S.W. 8th Street**
Suite, Apt. etc. **Suite 14**
City & State **Miami FLA.**
Zip **33135** County **DADE.**

2a. Mailing Address
26 **2742 S.W. 8th Street**
Suite, Apt. etc. **Suite 14**
City & State **Miami FLA.**
Zip **33135** County **DADE, USA**

FBI Number **65-0605015**
Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**IBANEZ, LUIS A
11750 SW 11 STREET #403
MIAMI FL 33175**

10. Name and Address of New Registered Agent
81 Name **ZOLA DEL PUZZO**
82 Street Address (P.O. Box Number is Not Acceptable) **11225 S.W. 99 CT**
83
84 City **Miami** FL 85 Zip Code **33176**

11. Pursuant to the provisions of Sections 607.0407 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PVST	<input checked="" type="checkbox"/> DELETE
NAME	IBANEZ, LUIS A	
STREET ADDRESS	11750 SW 11 STREET #403	
CITY - ST - ZIP	MIAMI FL 33175	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	IBANEZ, LUIS A	
STREET ADDRESS	11750 SW 11 STREET #403	
CITY - ST - ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PM/SITD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ZOLA DEL PUZZO	
13 STREET ADDRESS	11225 S.W. 99 CT.	
14 CITY - ST - ZIP	Miami FLA. 33176	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS	500001937015	
34 CITY - ST - ZIP	-08/30/96--01071--005	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	****200.00 ****200.00	
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

A. Alaw 8-23-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ DATE: **4/4/96**

CR2E034 (12/95)