

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

FILED

**Feb 20 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000068555 (8)
 1. Corporation Name
EDUARDO L. DOMINGUEZ, P.A.



Principal Place of Business 7845 SW 103RD PLACE MIAMI FL 33173	Mailing Address 7845 SW 103RD PLACE MIAMI FL 33173-2928
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3. Date Incorporated or Qualified 09/06/1995	3a. Date of Last Report 06/28/1996
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2. Principal Place of Business 21 7845 SW 103 PL	2a. Mailing Address 26 7845 SW 103 PL
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State MIAMI, FLORIDA	28 City & State MIAMI, FLORIDA
24 Zip 33173	25 Country USA
29 Zip 33173	30 Country USA

4. FEI Number APPLIED FOR 65-07000820	Applied For <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LOPEZ-GARCIA, JORGE L
 777 BRICKELL AVENUE, SUITE 950
 MIAMI FL 33131**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DOMINGUEZ, EDUARDO L	
STREET ADDRESS	7845 SW 103RD PLACE	
CITY - ST - ZIP	MIAMI FL 33173	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DOMINGUEZ, SANDRA	
STREET ADDRESS	7845 SW 103RD PLACE	
CITY - ST - ZIP	MIAMI FL 33173	
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

1.1 TITLE	C/PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOMINGUEZ, EDUARDO L.	
1.3 STREET ADDRESS	7845 SW 103RD PLACE	
1.4 CITY - ST - ZIP	MIAMI, FL 33173	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DOMINGUEZ, MIGUEL	
3.3 STREET ADDRESS	9261 SW 88 ST	
3.4 CITY - ST - ZIP	MIAMI, FL 33176	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	\$BANK	
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE: _____ DATE: **1/17/97** DAYTIME PHONE #: **59822765214**

CR2E034 (9/96)