

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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90039 027 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000008272

1. Corporation Name  
VALENTIN RODRIGUEZ, P.A.

Principal Place of Business  
250 AUSTRALIAN AVENUE SOUTH  
SUITE 1401  
WEST PALM BEACH FL 33401

Mailing Address  
250 AUSTRALIAN AVENUE SOUTH  
SUITE 1401  
WEST PALM BEACH FL 33401



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	01/28/1997
4. FEI Number	65-0721755
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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 1800 AUSTRALIAN AVE. SOUTH Suite, Apt. #, etc.	26 1800 AUSTRALIAN AVE. SOUTH Suite, Apt. #, etc.
22 SUITE 205 City & State	27 SUITE 205 City & State
23 WEST PALM BEACH Zip Country	28 WEST PALM BEACH Zip Country
24 33409 25 PALM BEACH	29 33409 30 PALM BEACH

9. Name and Address of Current Registered Agent

RODRIGUEZ, VALENTIN JR  
250 AUSTRALIAN AVENUE SOUTH  
SUITE 1401  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1800 AUSTRALIAN AVENUE SOUTH, SUITE 205
83	
84 City	W. PALM BEACH FL 85 Zip Code 33409

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: DATE: 3-16-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, VALENTIN	1.2 NAME	
STREET ADDRESS	250 AUSTRALIAN AVENUE SOUTH, SUITE 1401	1.3 STREET ADDRESS	1800 AUSTRALIAN AVE. SOUTH, SUITE 205
CITY-ST-ZIP	WEST PALM BEACH FL 33401	1.4 CITY-ST-ZIP	W.P.Bch, FL 33409
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>RODRIGUEZ, MA</del>	2.2 NAME	RODRIGUEZ, MARITZELA
STREET ADDRESS		2.3 STREET ADDRESS	8420 WATERWAY DRIVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	W. PALM BEACH, FL 33406
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DATE: 3-16-99 DAYTIME PHONE #: (561) 687-3200

0321387

CR2E034 (11/98)