

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

09 MAR - 1 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000085492
1. Corporation Name: **Andris Rivas, P.A.**

Principal Place of Business / Mailing Address:
**8025 NW 36 Street
SUITE 302
MIAMI FL 33166**

2. Principal Place of Business / 2a. Mailing Address:
8025 NW 36 STREET / **Same**
Suite, Apt #, etc. / State, Apt #, etc.
302 /
City & State / City & State:
MIAMI FL /
Zip / Country: **33166 USA** /

3. Date Incorporated or Qualified: **OCT. 2, 1997**

4. FEI Number: **65-0799245** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75** As From Fee Required:

6. Election Campaign Financing / Trust Fund Contribution: **\$5.00** May Be Added to Fees:

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

10. Name and Address of New Registered Agent

81 Name: **Andris Rivas**
82 Street Address (P.O. Box Number is Not Acceptable): **10160 Doral Blvd.**
83
84 City: **MIAMI** FL 85 Zip Code: **33178**

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: *Andris Rivas*
Signature, typed or printed name of registrant, and date if applicable.

2-22-99
DATE

12. OFFICERS AND DIRECTORS

TITLE	President	[] DELETE
NAME	Andris Rivas	
STREET ADDRESS	8025 NW 36 St. Suite 302	
CITY-ST-ZIP	Miami FL 33166	
TITLE	Secretary / Treasurer	[] DELETE
NAME	Elizette Tristram	
STREET ADDRESS	8025 NW 36 St. Suite 302	
CITY-ST-ZIP	Miami FL 33166	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Add
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[] Change [] Add
22 NAME	
23 STREET ADDRESS	800002798868-4
24 CITY-ST-ZIP	-03/09/99-01028-018
31 TITLE	[] Change [] Add
32 NAME	****150.00 ****150.00
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Add
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Add
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Add
62 NAME	
63 STREET ADDRESS	
64 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)(j), 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: *Andris Rivas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-99 (305) 599-2510

CR2E034 (1-199)