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Mar 05, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P98000029970**
 1. Corporation Name
SALAZAR, SANTIAGO & VILLEGAS, P.A.



Principal Place of Business: 8396 SW 8 STREET MIAMI FL 33144
 Mailing Address: 8396 SW 8 STREET MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 5000 University Dr. Coral Gables, FL 33146
 2a. Mailing Address: 5000 University Dr. Coral Gables, FL 33146
 4. FEI Number: 65-0824084
 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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent: COBER CORPORATE AGENTS INC, 2601 SO BAYSHORE DRIVE 19FL, MIAMI FL 33133
 10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAZAR, JUAN	1.2 NAME	
STREET ADDRESS	8396 SW 8 ST	1.3 STREET ADDRESS	5000 University Drive
CITY-ST-ZIP	MIAMI FL 33144	1.4 CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTIAGO, CARLOS	2.2 NAME	
STREET ADDRESS	8396 SW 8 ST	2.3 STREET ADDRESS	5000 University Drive
CITY-ST-ZIP	MIAMI FL 33144	2.4 CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLEGAS, SERGIO	3.2 NAME	
STREET ADDRESS	8396 SW 8 ST	3.3 STREET ADDRESS	5000 University Drive
CITY-ST-ZIP	MIAMI FL 33144	3.4 CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILTZ, OTHON	4.2 NAME	
STREET ADDRESS	8396 SW 8 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144	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 19.07(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: **JUAN SALAZAR, MD (President)** Date: **2/20/99** Daytime Phone #: **305 669-7331**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)