

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

003728

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90126 086 ***150.00
 05-03-1999 90126 085 *****8.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **534958**
 1. Corporation Name
MANUEL G. VERA & ASSOCIATES, INC.



Principal Place of Business: 3421 S W 107 AVE, MIAMI FL 33165, US
 Mailing Address: 3421 S W 107 AVE, MIAMI FL 33165, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip, Country
 2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip, Country
 24 Zip, Country; 25 Country; 29 Zip, Country; 30 Country

3. Date Incorporated or Qualified: 04/27/1977
 4. FEI Number: 59-1741639
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$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
 VERA, MANUEL G.
 3421 SW 107 AVE
 MIAMI FL 33165

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

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	VERA, MANUEL G	
STREET ADDRESS	3110 S W 102 AVE	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DOCAL, ABELARDO	
STREET ADDRESS	3971 SW 8 ST / STE - 309	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VERA, EVA V	
STREET ADDRESS	3110 S W 102 AVE	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VDT	<input type="checkbox"/> DELETE
NAME	PRADO, MARIA T.	
STREET ADDRESS	13224 S.W. 40TH TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	IGLESIAS, PETR	
STREET ADDRESS	801 MADRID ST / STE - 104	
CITY-ST-ZIP	CORAL CABLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VERA, MANUEL G., JR.	
STREET ADDRESS	3110 S.W. 102ND AVE.	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		
6.3 STREET ADDRESS		
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: *Manuel G. Vera* *Maria T. Prado* 4-20-99 305-221-6210
 _____ Date Daytime Phone #
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)