

CORPORATION ANNUAL REPORT 1999



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

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90084 013 ***150.00

DOCUMENT # 542836

1. Corporation Name ECHENIQUE AND PADRON, M.D.S. P.A.

Principal Place of Business 2931 CORAL WAY MIAMI FL 33149 Mailing Address 2931 CORAL WAY MIAMI FL 33149

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 08/12/1977 4. FEI Number 58-1754968 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

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

9. Name and Address of Current Registered Agent

SACHER, CHARLES P 2855 LEJUNE ROAD SUITE 1101 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of expiration

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with columns for Officers and Directors (12) and Additions/Changes (13). Includes names like ECHENIQUE, JORGE E and PADRON, MANUEL R.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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 AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

TOTAL P. 01

Original document sent two days ago without the check.

thanks Luz

305-448-4431

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