FILE NOW: FILING FEE AFTER MAY 1 IS

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPAR

Sandra B

Secretar DIVISION OF C

DOCUMENT # 602974

(8)

OSCAR R. GONZALEZ, P.A.

\$550.00	FILED					
RTMENT OF STATE	Apr 07 1997 8:00am					
3. Mortham	•					
ry of State	Secretary of State					
CORPORATIONS	scoretary or state					

Principal Place of Business Mailing Address 800 GRAPETREE DRIVE 5 DN KEY BISCAYNE FL 33149 REY BISCAYNE FL 33149									
					3. Date Inc 07/01/	orporated or Qualified 1971	3n. Date of La 07/03/199		
2. Principal Place of Business		2a. Mailing Address	h			4. FEI Number 59-1352807		Applied For Not Applicable	
21 Suite, Apt 22	#, etc.	26 Suite, Apt. #, etc.			5. Certificate of Status Desired			\$8.75 Additional Fee Required	
City & State	9	City & State				Campaign Financing			
Zij) Country		28	Zip Country		Trust Fund Contribution Added to Fees 8. This corporation has liability for injungible tax under s. 199.032,				
24	25	29	30		Florida S		Yes No		
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name a	nd Address of New Re	gistered Agent		
	NZALEZ,OSCAR R D SUNRISE DR.				'				
	RAL GABLES FL 33143		82	Street Addr	ress (P.O. Box I	Number is Not Acceptab	le)	•	
1			83	1					
			84	City	· · · · · · · · · · · · · · · · · · ·	· / / / / / / / / / / / / /	FL 85	Zip Code	
11. Pursuant I office or n agent. La SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State of facility with, and accept the oblights are confident to end of professions are gistered and confident to end of the confidence of	- Trana	IN	- ke	coration submitted tion's board of the least term of the least ter	s this statement for the p directors. I hereby accep	urpose of changi of the appointmen	ng its registered it as registered	
12.		D DIRECTORS	13.	·		VS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12	
TITLE	PD	DELETE	1.1 TITLE				Cha	nge Addition	
NAME	GONZALEZ,OSCAR R		1.2 NAME	ļ					
STREET ADDRESS	600 GRAPETREE DR 5DN		1.3 STREE	T ADDRESS					
CrTY-S1-2IP	KEY BISCAYNE FL		1.4 CITY-	ŠT-ZIP					
TITLE		DELETE	2.1 TITLE	'			∐ Cha	nge L_I Addition	
NAME			22 NAME						
STREET ADDRESS			1	T ADDRESS					
DITY-ST-ZIP		Driete	2. 4 CITY	ST-ZIP			Cha	nge 🗌 Addition	
1:111.		DELETE	3.1 TITLE	1		•	€ Cha	.ion Linumer in agi.	
NAME CARCEL ADOMACO			3.2 NAME						
STREET ADDRESS			3.3 STREE 3.4. CITY-	T ADDRESS					
C-TY - ST - ZIF' TITLE		DELETE	4.1 TITLE	01-XIF			☐ Cha	nge Addition	
NAME		pag	4. 2 NAME						
STREET AUDRESS			4	T ADDRESS					
CITY-ST-ZiP			4.4 CITY-	ı					
TITLE		DELETE	5.1 TITLE				Cha	inge Addition	
NAME			5.2 NAME	ļ				•	
STREET ADORESS			5.3 STREE	T ADDRESS		a a			
CHTY-SY-ZIP			5.4 CITY-						
TITLE		DELETE	6.1 TITLE				Cha	inge Addition	
NAME:			6.2 NAME	Ì					
STREET ADDRESS			6.3 STREE	T ADDRESS					
CITY+S1+ZIP			64 CITY-					-	
14. Ldo here!	by certify that the information supplied	ed with this filing does not ou	alify for the ex	emption state	d in Section 119	9.02(3)(i). Florida Statute	 I further certify 	that the	

I formation 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAMES CHONNO FOR THE WAY TOR

0206790