

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathum
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **604726** (0)

1. Corporation Name
PINERA AND PINERA M.D., P.A.



Principal Place of Business Mailing Address
9930 BIRD ROAD MIAMI FL 33165

3. Date Incorporated or Qualified **09/28/1973** 3a. Date of Last Report **01/30/1995**
4. FEI Number **59-1488499** Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes. Yes No

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

9. Name and Address of Current Registered Agent
**SALAS, C.M. ESQ.
2809 BIRD AVENUE, #272
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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0602, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS

12.1 NAME	PTD PINERA, ANTONIO C	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS	9930 BIRD ROAD	
12.3 CITY & STATE	MIAMI FL	
12.4 TITLE	S	<input type="checkbox"/> DELETE
12.5 NAME	PINERA ANTONIO C	
12.6 STREET ADDRESS	9930 BIRD ROAD	
12.7 CITY & STATE	MIAMI FL	
12.8 TITLE		<input type="checkbox"/> DELETE
12.9 NAME		
12.10 STREET ADDRESS		
12.11 CITY & STATE		
12.12 TITLE		<input type="checkbox"/> DELETE
12.13 NAME		
12.14 STREET ADDRESS		
12.15 CITY & STATE		
12.16 TITLE		<input type="checkbox"/> DELETE
12.17 NAME		
12.18 STREET ADDRESS		
12.19 CITY & STATE		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY & STATE	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY & STATE	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY & STATE	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY & STATE	

14. I, the undersigned, certify that the information supplied with this report is true and correct and that I am an officer or director of the corporation 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. I have signed and my appointment with me is true.

SIGNATURE: *[Signature]* (resident) 1/26/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)