

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
CORPORATION
ANNUAL REPORT
1995

APPROVED
FILED

59 MAY -1 PM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F09972**

(3)

MARIA BEATRIZ ARANES, M.D. P.A.

Principal Office Address
**6447 MIAMI LAKES DR. E. S-225
MIAMI LAKES FL 33014**

Main Office Address
**6447 MIAMI LAKES DR. E. S-225
MIAMI LAKES FL 33014**

DO NOT WRITE IN THIS SPACE

3. Date Incorporation Effective 10/29/1980	3a. Date of Last Report 04/11/1994
4. FEI Number 59-2038364	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for and pays its taxes under Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Office Address	2a. Mailing Address
21. Suite Apt # etc.	26. Suite Apt # etc.
22. City & State	27. City & State
24. Zip Code	29. Zip Code

9. Name and Address of Current Registered Agent

**ARANES, MARIA BEATRIZ
20281 E. COUNTRYCLUB DR., PH #2515
NO. MIAMI BCH. FL 33170**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83. City	

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8) 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 obligation of Section 607.05(9) Florida Statutes.

SIGNATURE: _____ (Signature of Current Registered Agent)
 _____ (Signature of New Registered Agent)

12. OFFICERS AND DIRECTORS

OFFICE	PDV
NAME	ARANES, MARIA B
STREET ADDRESS	20281 E. COUNTRYCLUB DR. MIAMI, FL 00000
OFFICE	TS
NAME	ARANES, MARIA B
STREET ADDRESS	20281 E. COUNTRYCLUB DR. MIAMI, FL 00000
OFFICE	CM
NAME	ARANES, MARIA B
STREET ADDRESS	20281 E. COUNTRYCLUB DR. MIAMI, FL 00000

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICE	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	Change	Addition
						<input type="checkbox"/>	<input type="checkbox"/>

14. I certify that the information supplied with this filing is complete, true and correct, and that my signature shall have the same legal effect as if made under oath. I am familiar with and accept the obligation of Section 607.05(9) Florida Statutes, and that my name appears on this filing as a director, officer or agent of the corporation.

SIGNATURE: *Maria Aranes*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

42695