

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

*** PROFIT CORPORATION ANNUAL REPORT 1999**



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

DOCUMENT # F10927

1. Corporation Name
FERNANDO JUSTINIANI, P.A.

Principal Place of Business
**13464 S.W. 108TH ST. CIR. N
MIAMI FL 33186**

Mailing Address
**13464 S.W. 108TH ST. CIR. N
MIAMI FL 33186**

FILED

99 OCT 22 AM 8:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

**RUIZ, HUMBERTO
10723 S.W. 104TH STREET
MIAMI FL 33176**

3. Date Incorporated or Qualified

12/04/1980

4. FEI Number

59-2199592

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 owes the current year Intangible Personal Property Tax. Yes No

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE: **PD**
12.2 NAME: **JUSTINIANI, FERNANDO**
12.3 STREET ADDRESS: **13464 SW 108TH ST. CIR N**
12.4 CITY-ST-ZIP: **MIAMI FL**

12.5 TITLE: DELETE

12.6 TITLE: DELETE

12.7 TITLE: DELETE

12.8 TITLE: DELETE

12.9 TITLE: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE: Change Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-ST-ZIP

21.1 TITLE: Change Addition
21.2 NAME: **800003031308--6**
21.3 STREET ADDRESS: **-11/01/99--01123--011**
21.4 CITY-ST-ZIP: ******550.00 ****550.00**

31.1 TITLE: Change Addition
31.2 NAME
31.3 STREET ADDRESS
31.4 CITY-ST-ZIP

41.1 TITLE: Change Addition
41.2 NAME
41.3 STREET ADDRESS
41.4 CITY-ST-ZIP

51.1 TITLE: Change Addition
51.2 NAME
51.3 STREET ADDRESS
51.4 CITY-ST-ZIP

61.1 TITLE: Change Addition
61.2 NAME
61.3 STREET ADDRESS
61.4 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/99 / **305-253-2800**

Date

Daytime Phone #

KE

CR2E034 (11/98)