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

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARIMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F40122

Corporation Name

22 (

A. SANCHEZ DE FUENTES, M.D., P.A.

(6)

Mailing Address

FILED Feb 10 1997 8:00am Secretary of State



323 W CYPRESS ST. KISSIMMEE FL 34741		323 W CYPRESS ST. Kissimmee Fl 34741-3326							
						3. Date Incorporated or Qualified 06/01/1981		le of Last I 3/1996	Report
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		A	Applied For	
21	***************************************	26			59-2105244 Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country 25	Z(p	Countr			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Reg	stered A	gent	
	UENTES, SANCHEZ			81	Name				
323 WEST CYPRESS STREET				82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
KISSIMMEE, FL 34741				83					
34/4	''								
				84	City		FI	85 Zip	Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	il Florida. Such change was i	authorized	d by	the corpora	rporation submits this statement for the po ation's board of directors. I hereby accep	rpose of the appo	changing ointment a	its registered s registered
SIGNATURE									-
12.	Signature, typicd or printed name of registered agent OFFICERS AND		*****	l Agar	t signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DIRECTO	550 101 40
TITLE	PD OFFICERS AND	DETETE	13. 11 iii	I I F		ADDITIONS/CHANGES TO OFFICE		Change	
NAME	DE FUENTES, A SANCHEZ		1.2 NA		ĺ			Unlange	
STREET ADDRESS	323 W CYPRESS ST		1 3 STREE		ADDRESS				
CITY-S1-ZIP	MIGGINANCE EL MANA			1.4 CITY - ST - ŽIP					
TITLE	STD DELETE 2			2.1 TITLE				Change	Addition
NAME	DE FUENTES, OLGA SANCHEZ		2.2 NAME						
STREET ADDRESS	323 W CYPRESS ST		2.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	KISSIMMEE, FL 00000	DELETE	2. 4 CITY- S1 - 7IP						
TITLE	Ŭ Di		1	3.1 TITLE				Change	☐ Addition
NAME			3.2 N/						}
STREET ADDRESS					ADDRESS				İ
CITY-ST-ZIP TITLE		DELETE	4 1 TJ	11Y - S1 11 F	[· ZIF			Change	Addition
NAME		_	4 2 N					_ `	
STREET ADDRESS			4.3 \$1	REE1 A	ADDRESS				
CITY-ST-ZIP			4.4 00	TY-ST	- ZIP				
TITLE		DELETE	5.110	TLE				Change	Addition
NAME			5.2 N/	ME					
STREET ADDRESS			5 3 \$1	RELEA	ADDRESS				
CITY-ST-ZIP		Driver		1Y-S1	- 7HP		·		
TITLE		☐ DELETE	6.1 111					Change	Addition
NAME			6.2 NA		4000500				
STREET ADDRESS					ADDRESS				1
CITY-ST-ZIP			6.4 CI	1Y - S1	- ZIP				i

14. I do 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 on an attachment with an address

CIGNATURE. MOS MANAGALITAS TOURS

6100

10.51 005 100