

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 # **F47235**

1. Corporation Name
CARLOS C. LOPEZ-AGUIAR, P.A.

Principal Place of Business

**2300 CORAL WAY
SUITE 200
MIAMI FL 33145**

Mailing Address

**2300 CORAL WAY
SUITE 200
MIAMI FL 33145**

2. Principal Place of Business

21 **2300 Coral Way**
Suite, Apt. #, etc

22 **Suite # 200**

City & State

23 **Miami Florida**

Zip Country

24 **33145**

25

2a. Mailing Address

26 **2300 Coral Way**
Suite, Apt. #, etc

27 **Suite # 200**

City & State

28 **Miami Florida**

Zip Country

29 **33145**

30

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY
SUITE 200
MIAMI FL 33145**

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 hereby has 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 (Applicable)

AMADA CANTERA LOPEZ, President

(NOTE: For a new Agent Signature, see below, Block 13.)

4-27-99

12. OFFICERS AND DIRECTORS

TITLE [DELETE]

NAME **PD LOPEZ-AGUIAR, CARLOS C**

STREET ADDRESS **1040 SW 1ST ST**

CITY-ST-ZIP **MIAMI FL**

TITLE [DELETE]

NAME [DELETE]

STREET ADDRESS [DELETE]

CITY-ST-ZIP [DELETE]

TITLE [DELETE]

NAME [DELETE]

STREET ADDRESS [DELETE]

CITY-ST-ZIP [DELETE]

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STREET ADDRESS [DELETE]

CITY-ST-ZIP [DELETE]

TITLE [DELETE]

NAME [DELETE]

STREET ADDRESS [DELETE]

CITY-ST-ZIP [DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [Change] [Addition]

12 NAME **200002861742-0**

13 STREET ADDRESS **-05/04/99-01043-024**

14 CITY-ST-ZIP ******150.00 ****150.00**

15 TITLE [Change] [Addition]

16 NAME [Change] [Addition]

17 STREET ADDRESS [Change] [Addition]

18 CITY-ST-ZIP [Change] [Addition]

19 TITLE [Change] [Addition]

20 NAME [Change] [Addition]

21 STREET ADDRESS [Change] [Addition]

22 CITY-ST-ZIP [Change] [Addition]

23 TITLE [Change] [Addition]

24 NAME [Change] [Addition]

25 STREET ADDRESS [Change] [Addition]

26 CITY-ST-ZIP [Change] [Addition]

27 TITLE [Change] [Addition]

28 NAME [Change] [Addition]

29 STREET ADDRESS [Change] [Addition]

30 CITY-ST-ZIP [Change] [Addition]

14. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental filing 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 registered agent authorized 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS C. LOPEZ-AGUIAR, President

4/27/99

APPROVED
AND
FILED

99 APR 29 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1981

4. FEI Number

59-2124810

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

0217594

CR2E034 (1/1/98)