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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **F55628** (4)

1. Corporation Name  
**LUIS F. SOTTO, D.M.D., P. A.**

Principal Place of Business Mailing Address  
**11530 SW 105 TERRACE MIAMI FL 33176 US** **11530 SW 105 TERRACE MIAMI FL 33176 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/23/1981** 3a. Date of Last Report **02/14/1994**

4. FEI Number **59-2189632** 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. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent  
**SOTTO, LUIS F., D.M.D.  
11530 SW 105 TERRACE  
MIAMI FL 33176**

10. Name and Address of New Registered Agent

81 Name **JO ANN SOTTO**

82 Street Address (P.O. Box Number is Not Acceptable) **11530 SW 105 TERRACE**

83

84 City **MIAMI** FL 85 Zip Code **33176**

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: *John SOTTO* DATE: *3/25/95*

Signature, typed or printed name of registered agent and the corporation (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE **DPS**

NAME **SOTTO, LUIS F, D M D**

STREET ADDRESS **11530 SW 105 TERR.**

CITY- ST- ZIP **MIAMI, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME **DPS**

1.3 STREET ADDRESS **JO ANN SOTTO**

1.4 CITY- ST- ZIP **11530 SW 105 TERRACE MIAMI, FL 33176**

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS **300001443233**

2.4 CITY- ST- ZIP **-03/29/95--01097--005**

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS **\*\*\*\*200.00 \*\*\*\*200.00**

3.4 CITY- ST- ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS *3/28/95 mst*

5.4 CITY- ST- ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jo Ann SOTTO* (305) 274-5344

Signature and typed or printed name of signing officer or director (Date) (Telephone Number)