

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 24 PM 2:17

DOCUMENT # G01222 (0)

1. Corporation Name  
FRANK AMIGO, P.A.

Principal Place of Business Mailing Address  
120 S UNIVERSITY DR STE A  
PLANTATION FL 33324 120 S UNIVERSITY DR STE A  
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE.

|                                |  |                        |  |                                                                                         |  |                                                                     |  |
|--------------------------------|--|------------------------|--|-----------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified                                                       |  | 3a. Date of Last Report                                             |  |
| 21 State, Apt. #, etc.         |  | 26 State, Apt. #, etc. |  | 09/24/1982                                                                              |  | 01/19/1994                                                          |  |
| 22 City & State                |  | 27 City & State        |  | 4. FEI Number                                                                           |  | Applied For                                                         |  |
| 23 Zip                         |  | 28 Zip                 |  | 59-2222437                                                                              |  | Not Applicable                                                      |  |
| 24 Country                     |  | 29 Country             |  | 5. Certificate of Status Desired                                                        |  | 8.75 Additional Fee Required                                        |  |
|                                |  |                        |  | <input type="checkbox"/>                                                                |  | <input type="checkbox"/>                                            |  |
|                                |  |                        |  | 6. Election Campaign Financing                                                          |  | \$5.00 May Be Added to Fees                                         |  |
|                                |  |                        |  | Trust Fund Contribution                                                                 |  | <input type="checkbox"/>                                            |  |
|                                |  |                        |  | 8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMIGO, FRANK  
120 S UNIVERSITY DR STE A  
PLANTATION FL 33324

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 resigning)

DATE

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|---------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PVD                 | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | AMIGO, FRANK        | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 11020 S.W. 40TH ST. | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | DAVIE FL            | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | ST                  | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | AMIGO, FRANK        | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 11020 S.W. 40 ST.   | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | DAVIE FL            | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                     | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                     | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                     | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                     | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                     | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                     | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                     | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                     | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                     | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                     | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                     | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                     | 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 recorder 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.

SIGNATURE:

Frank Amigo Pres

1/10/95 305-4732889