PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPÓRATIONS

DOCUMENT # G06593

1. Corporation Name

MANUEL DINER, P.A.

in eng#	. DINCH, FM	*, s)								
Principal Place	e of Business	N	lailing Address)	165 1 7817 81811 81817	616(1 616(1 186)	
141 N.E. 3RD AVENUE MIAMI FL 33132			141 N.E. 3RD AVENUE MIAMI FL 33132				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed 11/01/1982			
2. Principal Pl	lace of Business	2a	. Mailing Address		-		4. FEI Number	. A	pplied For	
21			26				59-2226536	· N	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional	
22			27				3. Certificate of Status Desires		equired	
City & State			City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country		Zip	Cou	ntry		8. This corporation owes the current year	Intangible		
24	25	29		30			Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curre	nt Regi	stered Agent				10. Name and Address of New Register	ed Agent		
					81	Name		•		
DINER, MANUEL				82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
141 NE 3RD AVE, SUITE 60										
MAIM	MI FL 33132				83					
					84	City	F	L 85 Zip	Code	
office or r	to the provisions of Sections 607.056 registered agent, or both, in the State im familiar with, and accept the obliga	of Flori	ida. Such change was a	iuthonzed	ו עם נ	ine corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its pointment as re	s registered egistered	
office or reagent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	e of Flori ations o	ida. Such change was a f, Section 607.0505, Flo	iuthonzed orida Stati	i by t utes.	ine corporatio	on's board of directors. I hereby accept the ap	of changing its pointment as re	s registered egistered	
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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 on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

2127/99

05/358-7680

☐ Addition

R2F034 (11/98)

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90054 009 ***150.00