

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

PROFIT CORPORATION ANNUAL REPORT



FLOIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

1996 4-10-96

B-3346

C

DOCUMENT # **G50222** (0)
1. Corporation Name
CARLOS A. RODRIGUEZ, R.A. P.A.



Principal Place of Business Mailing Address
C/O CARLOS A. RODRIGUEZ
9780 SW 19TH ST.
MIAMI FL 33165
US
% CARLOS A. RODRIGUEZ
9780 S.W. 19TH STREET
MIAMI FL 33165

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

3. Date Incorporated or Qualified **07/19/1983** 3a. Date of Last Report **04/03/1995**
4. FEI Number **59-2312511** 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

9. Name and Address of Current Registered Agent
RODRIGUEZ, CARLOS A., R.A.
9780 S.W. 19TH STREET
MIAMI FL 33165

10. Name and Address of New Registered Agent
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 the registered agent (last filed application) (NOTE: Registered Agent Signature is mandatory for filing) DATE

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **PD**
STREET ADDRESS **RODRIGUEZ, CARLOS A.**
CITY- ST- ZIP **9780 S.W. 19TH STREET**
MIAMI FL
TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP
5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY- ST- ZIP
9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY- ST- ZIP
13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. CITY- ST- ZIP
17. TITLE Change Addition
18. NAME
19. STREET ADDRESS
20. 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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: **CARLOS RODRIGUEZ** 3/30/96 305 944 3391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)