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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90034 043 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G77971

1. Corporation Name
JUAN A. FIGUEROA, P.A., CERTIFIED PUBLIC ACCOUNT NTANT

Principal Place of Business % JUAN A. FIGUEROA 300 SEVILLA AVE. #309 CORAL GABLES FL 33134	Mailing Address % JUAN A. FIGUEROA 300 SEVILLA AVE. #309 CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/09/1984

2. Principal Place of Business 21 2701 S. LE JEVNE ROAD	2a. Mailing Address 26 2701 S. LE JEVNE ROAD
Suite, Apt. #, etc. 22 310	Suite, Apt. #, etc. 27 310
City & State 23 CORAL GABLES, FLORIDA	City & State 28 CORAL GABLES, FLORIDA
Zip 24 33134	Country 25 U.S.A.

4. FEI Number
59-2357803

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

9. Name and Address of Current Registered Agent

**FIGUEROA, JUAN A.
300 SEVILLA AVE #309
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name **FIGUEROA, JUAN A.**

82 Street Address (P.O. Box Number is Not Acceptable)
2701 S. LE JEVNE ROAD, SUITE 310

83

84 City **CORAL GABLES** FL 85 Zip Code **33134**

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 *Juan A. Figueroa* DATE **1/8/99**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	FIGUEROA, JUAN A.
STREET ADDRESS	300 SEVILLA AVE. #309
CITY-ST-ZIP	CORAL GABLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FIGUEROA, JUAN A.
1.3 STREET ADDRESS	2701 S. LE JEVNE ROAD, SUITE 310
1.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Juan A. Figueroa* DATE **1/8/99** DAYTIME PHONE # **(305) 448-5844**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)