


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jul 16 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H23172 1. Corporation Name E.Z. INVESTMENT CORP.					
Principal Place of Business 4811 W. 4TH AVENUE HALEAH FL 33012			Mailing Address 4811 W. 4TH AVENUE HALEAH FL 33012		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/28/1984 4. FEI Number 59-2658435 5. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fee 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent EMANUEL, JOSEPH 7300 N KENDAL DR #530 MIAMI FL 33156				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 607.1506, 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 607.0506, Florida Statutes.					
SIGNATURE _____ DATE _____ (NOTE: Registered Agent signature required when retaking)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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 supplementary 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 a declaration, with all other like empowered.					

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (11/98)

Efrain Camara, M.D., P.A.
INTERNAL MEDICINE - GASTROENTEROLOGY

Doc # H23172

577481

589936-90015-2
589936-90015-1

4811 W. 4TH AVENUE
HIALEAH, FLORIDA 33012

TELEPHONE:
(305) 836-9725

July 1, 1999

DIVISION OF CORPORATION
ANNUAL REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FLORIDA 32302-1500

RE: DOCUMENT # H23172 E.Z. INVESTMENTS CORP.
DOCUMENT # 577481 EFRAIN CAMARA, M.D., P.A.

TO WHOM IT MAY CONCERN:

Enclosed please find check# 9654 in the amount of \$300.00 in order to pay for both corporation filing fees for 1999. Please accept payment and our apologies for not filing in a timely manner. Unfortunately the president and only officer of these corporations had been away due to Prostate Cancer surgery. He has just returned to work today and has realized that since he was the only person able to sign both checks and documents this had not been paid before May 1, 1999.

Should you need any other information, please do not hesitate to contact me.

Sincerely,

Ileana Acosta

Ileana Acosta
Office Manager