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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90321 003 \*\*\*150.00

## DOCUMENT # H78788

SANTIAGO F. HERNANDEZ, M.D., P.A.

	e of Business	Mailing Address					
% SANTIAGO F	F. HERNANDEZ	% SANTIAGO F. HER	NANDEZ				
951 S.W. 42ND AVE.		951 S.W. 42ND AVE.			DO NOT WORK IN THIS	ODAOE	
MIAMI FL 33134-2616		MIAMI FL 33134-2616	MIAMI FL 33134-2616		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					10/01/1985		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59-2582469	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_ \$8.75 Additional		dditional	
22	201	27			5. Certifcate of Status Desired	Fee Re	quired
City & State	e	City & State	<del></del>		6. Election Campaign Financing	\$5:00	May Be
23	,	28			Trust Fund Contribution	Added t	
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year Inter-	angible	
		29	30		Personal Property Tax.	Yes	□No
24	9. Name and Address of Curre		301	[	10. Name and Address of New Registered		
	9. Name and Address of Curre	ent Kedistelen Adent		81 Name	To: Indiana dila Againeda at the stranger and a		
MIA	HI CODD SVSTEMS INC						
MIAMI CORP.SYSTEMS, INC.			82 Street Ad		ddress (P.O. Box Number is Not Acceptable)	,	}
3700 W. 12TH AVE., STE.300							
	FLOOR			83			
MIAI	MI FL 33012			84 City		85 Zip (	ode.
				84 City	FL		3000
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida S	Statutes, the al	bove-named or	orporation submits this statement for the purpose of	changing its	registered
office or r	egistered agent, or both, in the Stat im familiar with, and accept the obliq	e of Florida. Such change v	vas authorized	d by the corpora	ation's board of directors. I hereby accept the appoin	ntment as re	gisterea
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registered	Agent signature req	uired when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	PST	☐ DELE1	ΓΕ 1.1 ΤΠ	TLE		Change	☐ Addition
NAME	HERNANDEZ, SANTIAGO F.		1.2 NA	AME			
	951 SW 42ND AVE		13 ST	TREET ADDRESS			
STREET ADDRESS			1.00,				
			14.00	TV CT 7/D			i
CITY-ST-ZIP	MIAMI FL	□ vere		TY-ST-ZIP		☐ Change	☐ Addition
TITLE		☐ DELET	TE 2.1 TH	TLE		☐ Change	Addition
		☐ DELET	TE 2.1 TIT 2.2 NA	TLE AME		☐ Change	Addition
TITLE		( DELET	TE 2.1 TIT 2.2 NA	TLE		☐ Change	☐ Addition
TITLE NAME		a magazina e e e e e e e e e e e e e e e e e e e	2.1 TH 2.2 NA 2.3 ST 2.4 CI	TLE AME	, <u> </u>		
TITLE NAME STREET ADDRESS		☐ DELET	2.1 TH 2.2 NA 2.3 ST 2.4 CI	TLE  AME  TREET ADDRESS  TTY-ST-ZIP	, _ ,	☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		a magazina e e e e e e e e e e e e e e e e e e e	2.1 TH 2.2 NA 2.3 ST 2.4 CI	TLE  AME  IREET ADDRESS  ITY-ST-ZIP  TLE	,		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE		a magazina e e e e e e e e e e e e e e e e e e e	TE 2.1 TIT 22 NA 23 ST 2.4 CI TE 3.1 TIT 3.2 NA	TLE  AME  IREET ADDRESS  ITY-ST-ZIP  TLE	,		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS		a magazina e e e e e e e e e e e e e e e e e e e	E 2.1 TII 2.2 NA 2.3 ST 2.4 CI E 3.1 TII 3.2 NA 3.3 ST	TLE  AME  IREET ADDRESS  ITY-ST-ZIP  TLE  AME	,		
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE		DELET	22 NA 23 ST 2.4 CD  TE 3.1 TH 3.2 NA 3.3 ST 3.4 CD  TE 4.1 TH	TLE  AME  IREET ADDRESS  ITY-ST-ZIP  TLE  AME  IREET ADDRESS  ITY-ST-ZIP  TLE		Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME		DELET	TE 2.1 TTT 22 NA 2.3 ST 2.4 CC TE 3.1 TTT 3.2 NA 3.3 ST 3.4. CC TE 4.1 TTT 4.2 N.	TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE IAME	, <u> </u>	Change	Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS		DELET	TE 2.1 TTT 22 NA 2.3 ST 2.4 CC TE 4.1 TTT 4.2 NA 4.3 ST 4.4 CC TE 5.1 TTT 5.1	TLE  AME  IREET ADDRESS  ITY-ST-ZIP  TLE  AME  IREET ADDRESS  ITY-ST-ZIP  TLE  IAME  IREET ADDRESS  ITY-ST-ZIP  TLE  IAME  IREET ADDRESS  ITY-ST-ZIP  TLE  ITREET ADDRESS		Change	Addition
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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 deciver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my pame appears in Block 12 or Block 13 if changed, or on an atagment with an address, with all other like empowered.