

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


FILED

Feb 19, 1999 8:00am  
Secretary of State

02-19-1999 90035 030 \*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H84613					
1. Corporation Name GERARDO OLARTE, PH.D, P.A.					
Principal Place of Business % GERARDO OLARTE 9200 NE 12TH AVE MIAMI SHORES FL 33138			Mailing Address % GERARDO OLARTE 9200 NE 12TH AVE MIAMI SHORES FL 33138		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/08/1985	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2606571	
24 Country		29 Country		5. Certificate of Status Desired	
				8. This corporation owes the current year Intangible Personal Property Tax.	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		Applied For	
OLARTE, GERARDO 9200 NE 12TH AVE MIAMI SHORE FL 33138				Not Applicable	
		81 Name		\$8.75 Additional Fee Required	
		82 Street Address (P.O. Box Number is Not Acceptable)		\$5.00 May Be Added to Fees	
		83			
		84 City		Yes No	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
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:

GERARDO OLARTE, PH.D. 2/1/99 (305) 758-4003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)