

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J22493** (7)

1. Corporation Name
PARDO & LUPI, M.D.S., P.A.



Principal Place of Business: **4302 ALTON ROAD, SUITE 580 MIAMI BEACH FL 33140**
Mailing Address: **4302 ALTON ROAD, SUITE 580 MIAMI BEACH FL 33140**

2. Principal Place of Business
21 **333 41st St**
Suite, Apt. #, etc.
22 **318**
City & State
23 **MIAMI Beach, FL**
Zip Country
24 **33140** 25 **USA**
2a. Mailing Address
26 ~~4302 Alton Rd~~ **257 E. Rivo Alto DR.**
Suite, Apt. #, etc.
27
City & State
28 **MIAMI Beach FL**
Zip Country
29 **33139** 30 **USA**

3. Date Incorporated or Qualified: **07/07/1986**
3a. Date of Last Report: **04/04/1995**
4. FEI Number: **59-2697549**
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
PARDO, JEFFREY J.
8929 NW 12 ST
~~**STE 210**~~
MIAMI FL 33126

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
257 E. Rivo Alto Drive
83
84 City **Miami Beach** FL 85 Zip Code **33135**

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 for all filings.) DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-----------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | PARDO, JUDITH G. | |
| STREET ADDRESS | 4302 ALTON ROAD #580 | |
| CITY - ST - ZIP | MIAMI BEACH FL | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | PARDO, JEFFREY J. | |
| STREET ADDRESS | 8929 NW 12 ST #210 | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | LUPI, CARLA S. | |
| STREET ADDRESS | 4302 ALTON ROAD #580 | |
| CITY - ST - ZIP | MIAMI BEACH FL | |
| 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 | |
| 1.3 STREET ADDRESS | 333 41st St. # 318 |
| 1.4 CITY - ST - ZIP | Miami Beach, FL 33140 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 257 E. Rivo Alto Drive |
| 2.4 CITY - ST - ZIP | Miami Beach FL 33135 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | 333 41st St. # 318 |
| 3.4 CITY - ST - ZIP | Miami Beach, FL 33140 |
| 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 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 Book 12 or Book 13 if changed, or on an amendment with an address.

SIGNATURE:

3/20/96 305 439-3980
DATE DAYTIME PHONE #

CR2E034 (12/95)