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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT

1997



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

DOCUMENT # K13743

(5)

1. Corporation Name
PREPDOC, INC.

Principal Place of Business

~~40 SALAMANCA #5~~ 911 E. PONCE DE LEON
POST OFFICE BOX 144801
CORAL GABLES FL ~~33134~~ 33134

Mailing Address

40 SALAMANCA #5
POST OFFICE BOX 144801
CORAL GABLES FL 33114-4801

3. Date Incorporated or Qualified
01/26/1988

3a. Date of Last Report
06/19/1996

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. 25.

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. 30.

4. FEI Number
65-0034431

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

CUERVO, MARIA LOURDES

~~40 SALAMANCA #5~~ PO BOX 144801
~~CORAL GABLES 33134~~ CORAL GABLES FL 33114

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 607.1508, 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

Signature of the principal officer, registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PTS
NAME CUERVO, MARIA LOURDES
STREET ADDRESS ~~40 SALAMANCA #5~~ PO BOX 144801
CITY, ST, ZIP CORAL GABLES FL 33114-4801

TITLE D
NAME CUERVO, MARIA LOURDES
STREET ADDRESS ~~40 SALAMANCA #5~~ PO BOX 144801
CITY, ST, ZIP CORAL GABLES FL 33114-4801

TITLE
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CITY, ST, ZIP

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CITY, ST, ZIP

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NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME 911 E. PONCE DE LEON #601
1.3 STREET ADDRESS CORAL GABLES FL 33134
1.4 CITY, ST, ZIP

2.1 TITLE
2.2 NAME 911 E. PONCE DE LEON #601
2.3 STREET ADDRESS CORAL GABLES FL 33134
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 do 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 was 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.

SIGNATURE:

MARIA L. CUERVO

2/3/97

305-461-2141

Date

Daytime Phone #

CR2E034 (9/96)