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FILED

May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K14013

(2)

1. Corporation Name

MARCOS A. GONZALEZ, P.A.

Principal Place of Business

7800 W. 20 AVENUE
#108
HIALEAH FL 33016
US

Mailing Address

7800 W. 20 AVENUE
#108
HIALEAH FL 33016-1895
US

3. Date Incorporated or Qualified

01/29/1988

3a. Date of Last Report

08/01/1996

2. Principal Place of Business

419 W. 49 Street

2a. Mailing Address

419 W. 49 Street

4. FEI Number

65-0107313

Applied For

Not Applicable

Suite, Apt. #, etc.

212

Suite, Apt. #, etc.

212

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

Hialeah, FL

City & State

Hialeah, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

33012

Country

USA

Zip

33012

Country

USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GONZALEZ, MARCOS A
7800 W. 20TH AVE.
#108
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name Marcos A. Gonzalez
82 Street Address (P.O. Box Number is Not Acceptable)
419 W. 49 Street
83 # 212
84 City Hialeah FL 85 Zip Code 33012

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	GONZALEZ, MARCOS A.	7800 20 AVENUE #108	HIALEAH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
P/D	Marcos A. Gonzalez	419 W. 49 Street, #212	Hialeah, FL 33012	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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 of this filing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/97 (305) 364-0025

CR2E034 (9/96)