

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K48241** (9)

1. Corporation Name  
**GONZALO R. DORTA, P.A.**



Principal Place of Business: % GONZALO R. DORTA, 1401 BRICKELL AVE STE 650, MIAMI FL 33131, US  
Mailing Address: % GONZALO R. DORTA, 1401 BRICKELL AVE STE 650, MIAMI FL 33131, US

2. Principal Place of Business: 21, 22, 23, 24, 25, 26, 27, 28, 29, 30  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Country  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30. Country

3. Date Incorporated or Qualified: 11/30/1988  
3a. Date of Last Report: 04/04/1995  
4. EIN Number: 65-0094451  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$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

10. Name and Address of New Registered Agent

DORTA, GONZALO R.  
1401 BRICKELL AVE  
STE 650  
MIAMI FL 33131

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 607.0517 and 607.1604, 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 for the current registered agent or director

Signature for the new registered agent or director

Date

12. OFFICERS AND DIRECTORS  
11. TITLE: [ ] DELETE  
NAME: DPS  
DORTA, GONZALO R.  
1401 BRICKELL AVE STE 650  
MIAMI FL  
12. STREET ADDRESS  
13. CITY-STATE-ZIP: MIAMI FL  
14. TITLE: [ ] DELETE  
NAME: T  
DORTA, GONZALO, R.  
1401 BRICKELL AVE STE 650  
MIAMI FL  
15. STREET ADDRESS  
16. CITY-STATE-ZIP: MIAMI FL  
17. TITLE: [ ] DELETE  
NAME:  
18. STREET ADDRESS:  
19. CITY-STATE-ZIP:  
20. TITLE: [ ] DELETE  
NAME:  
21. STREET ADDRESS:  
22. CITY-STATE-ZIP:  
23. TITLE: [ ] DELETE  
NAME:  
24. STREET ADDRESS:  
25. CITY-STATE-ZIP:  
26. TITLE: [ ] DELETE  
NAME:  
27. STREET ADDRESS:  
28. CITY-STATE-ZIP:  
29. TITLE: [ ] DELETE  
NAME:  
30. STREET ADDRESS:  
31. CITY-STATE-ZIP:

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12  
11. TITLE: [ ] Change [ ] Addition  
12. NAME:  
13. STREET ADDRESS:  
14. CITY-STATE-ZIP:  
15. TITLE: [ ] Change [ ] Addition  
16. NAME:  
17. STREET ADDRESS:  
18. CITY-STATE-ZIP:  
19. TITLE: [ ] Change [ ] Addition  
20. NAME:  
21. STREET ADDRESS:  
22. CITY-STATE-ZIP:  
23. TITLE: [ ] Change [ ] Addition  
24. NAME:  
25. STREET ADDRESS:  
26. CITY-STATE-ZIP:  
27. TITLE: [ ] Change [ ] Addition  
28. NAME:  
29. STREET ADDRESS:  
30. CITY-STATE-ZIP:  
31. TITLE: [ ] Change [ ] Addition  
32. NAME:  
33. STREET ADDRESS:  
34. CITY-STATE-ZIP:  
35. TITLE: [ ] Change [ ] Addition  
36. NAME:  
37. STREET ADDRESS:  
38. CITY-STATE-ZIP:  
39. TITLE: [ ] Change [ ] Addition  
40. NAME:  
41. STREET ADDRESS:  
42. CITY-STATE-ZIP:  
43. TITLE: [ ] Change [ ] Addition  
44. NAME:  
45. STREET ADDRESS:  
46. CITY-STATE-ZIP:  
47. TITLE: [ ] Change [ ] Addition  
48. NAME:  
49. STREET ADDRESS:  
50. CITY-STATE-ZIP:  
51. TITLE: [ ] Change [ ] Addition  
52. NAME:  
53. STREET ADDRESS:  
54. CITY-STATE-ZIP:  
55. TITLE: [ ] Change [ ] Addition  
56. NAME:  
57. STREET ADDRESS:  
58. CITY-STATE-ZIP:  
59. TITLE: [ ] Change [ ] Addition  
60. NAME:  
61. STREET ADDRESS:  
62. CITY-STATE-ZIP:

14. I hereby certify that the information supplied herein is voluntary, true, correct and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information filed on this annual report or supplement to 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 person or persons empowered by the said corporation to file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or omitted in item 12 or 13, respectively.

SIGNATURE: *[Signature]* 3/15/96 381-8866  
SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)