

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

0196615

~~PROFIT~~  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
99 JAN -8 PM 1:11

**DOCUMENT # K48241**  
1. Corporation Name  
**GONZALO R. DORTA, P.A.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      2a. Mailing Address  
21 **334 Minorca Avenue**      26 **334 Minorca Avenue**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23 **Coral Gables FL**      28 **Coral Gables FL**  
Zip      Country      Zip      Country  
24 **33134**      25 **USA**      29 **33134**      30 **USA**

3. Date Incorporated or Qualified  
**11/30/1988**

4. FEI Number      Applied For  
**65-0094451**      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Election Campaign Financing            **\$5.00** May Be Added to Fees  
Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax.       Yes       No

9. Name and Address of Current Registered Agent  
**DORTA, GONZALO R.**  
**1401 BRICKELL AVE**  
**STE 650**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**334 Minorca Avenue**  
83  
84 City      State      Zip Code  
**Coral Gables      FL      33134**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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]*      DATE: **1/7/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	DORTA, GONZALO R.	
STREET ADDRESS	1401 BRICKELL AVE STE 650	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DORTA, GONZALO, R	
STREET ADDRESS	1401 BRICKELL AVE STE 650	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<b>334 Minorca Avenue</b>
1.4 CITY-ST-ZIP	<b>Coral Gables FL 33134</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>334 Minorca Avenue</b>
2.4 CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>400002743334-7</b>
4.4 CITY-ST-ZIP	<b>-01/15/99-01015-025</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>****150.00      ****150.00</b>
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	

*lc*  
*1-12-99*

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: *[Signature]*      DATE: **1/7/99**      DAYTIME PHONE #: **305 381-8866**

CR2E034 (11/98)