

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

FILED

Mar 31 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 # K73473

(6)

1. Corporation Name

MONES & FERNANDEZ, INC.



Principal Place of Business

18815 TRACER DR
PO BOX 75961
LUTZ FL 33549
US

Mailing Address

18815 TRACER DR
PO BOX 75961
LUTZ FL 33549-3822
US

3. Date Incorporated or Qualified
03/17/1989

3a. Date of Last Report
03/11/1996

2. Principal Place of Business

2a. Mailing Address

21 1411 N. Westshore Blvd

26 1411 N. Westshore Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 315

27 315

City & State

City & State

23 Tampa, FL

28 Tampa, FL

24 33607

25 Hillsborough

29 33607

30 Hillsborough

9. Name and Address of Current Registered Agent

LOPEZ JR AL R
4600 W CYPRESS ST
STE 500
TAMPA FL 33607

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

4. FEI Number

59-2939837

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

10. Name and Address of New Registered Agent

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 typed in print name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	MONES JOYCE F	
STREET ADDRESS	C/O 18815 TRACER DR	
CITY - ST - ZIP	LUTZ FL	
TITLE	V	DELETE
NAME	MONES MICHAEL	
STREET ADDRESS	C/O 18815 TRACER DR	
CITY - ST - ZIP	LUTZ FL	
TITLE	ST	DELETE
NAME	MONES JOYCE F	
STREET ADDRESS	C/O 18815 TRACER DR	
CITY - ST - ZIP	TAMPA FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	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 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.

SIGNATURE:

Joyce F. Mones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-97 813-289-0192

Date

Daytime Phone #

CR2E034 (9/96)