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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# 1999 DOCUMENT # **K79256**

1. Corporation Name

CARLOS I. MONTES D.P.M., P.A.

## **FILED** Feb 22, 1999 8:00 am **Secretary of State**

02-22-1999 90024 012 \*\*\*150.00



Principal Place	e of Business	Mailing Address		i (\$\$1015) oli 48049 (\$(18 lion) billé disi n	1011 01914 01611 01914 01911 01911 1901
C/O CARLOS I. MONTES C/O CARLOS I. MONTES					
2601 SW 37TH AVE 2601 SW 37TH AVE			DO NOT WRITE IN THIS SPACE		
MIAMI FL 33133 MIAMI FL 33133			3. Date Incorporated or Qualifed		
				04/01/1989	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 23	52 Pance de Leon Bl	126 6011 SW	79 CT	65-0123251	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
	el trables, FL	27		3. Certificate of Otalias Desired	Fee Required
City & Stat		City & State	A	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23     33/ 	Country	28 M/A-11	Country	8. This corporation owes the current year	
24	[25]	<b>⊢</b> 00//// -	in usA	Personal Property Tax.	Yes ENo
[]	9. Name and Address of Current			10. Name and Address of New Registe	red Agent
81 Name					
MONTES, CARLOS I.				Iress (P.O. Box Number is Not Acceptable)	
2601 SW 37 AVE				, contraction is the trace of the contract of	
\$804					,
MIAMI FL 33133			84 City		85 Zip Code
·1					FL
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				ed when reinstating) DATI	
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent signature require	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELETE	1.1 TITLE <b>C</b>		Change Addition
NAME	MONTES, CARLOS I.		12 NAME	MONTES CARLOS I.	JR.
STREET ADDRESS	2601 SW 37 AVE S804		13 STREET ADDRESS	5011 SW 79 CT.	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	4/AMI, FL 33143	<b>š</b>
TITLE		☐ DELETE	2.1 TITLE	7	☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		•
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
			E 4 0 NAME		

CITY-ST-ZIP 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 supplied ental 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 of 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE 52 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CiTY-ST-ZiP

TITLE

NAME

TITLE

NAME

□ DELETE

DELETE

Change

Change

Addition

Addition