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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K85577

1. Corporation Name

GERMAN PENA, P.A.

						_]) (1868) (1888)
Principal Place	e of Business	Mailing Address						411 1891 81811 81	.,		
9010 SW 137TH	AVE #219	9010 SW 137TH AVE #219									
STE 113 MIAMI FL 33186	3	STE 113 MIAMI FL 33186					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/04/1989				
US		US									
2. Principal P	lace of Business		2a. Mailing Address					4. FEI Number			Applied For
21		26						65-0130201		\Box	Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certifcate of Status Desired			Additional Required
City & Stat	е		City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	C 25	ountry	y Zip Country 29 30					8. This corporation owes the current year Int Personal Property Tax. Yes No			
		ddress of Current i	Registered Agent					10. Name and Address of New	Registered	Lyent	
					81	Nam	ne		-		j
	a, german				82	Stro	ot Addra	ess (P.O. Box Number is Not Accept	able)		<u></u>
	SW 137TH AVE	#219			02	3.16	ot Addie				
STE					83						j
MAIM	AI FL 33186				84	City				85 Zi	p Code
								pration submits this statement for the	FL		j
agent. I a	200	d accept the obligation	l cuci_					n's board of directors. I hereby acce when reinstating)	DATE		
12.		OFFICERS AND		13.				ADDITIONS/CHANGES TO O	FICERS AN	D DIREC	TORS IN 12
TITLE	D		☐ DELETE	1.1 TI	rLE					☐ Chang	e 🗋 Addition
NAME	PENA, GERMA	N		1.2 N/	ME						
STREET ADDRESS	9010 SW 137T				1.3 STREET ADDRESS		ss				[
CITY-ST-ZIP	MIAMI FL				1.4 CITY-ST-ZIP						
TITLE		DELETE			2.1 TITLE					Chang	je 🗌 Addition
NAME				2.2 N	2.2 NAME						
STREET ADDRESS			238			T ADDRE	ss				ļ
CITY-ST-ZIP				- 1		T-ZIP					
TITLE	_ :		☐ DELETE 3.1 TI		1 TITLE					☐ Chang	e 🗌 Addition
NAME				3.2 N							
STREET ADDRESS				3.3 S1	3.3 STREET ADDRESS		ss				
CITY-ST-ZIP	(ST-ZIP	1				
TITLE	☐ DELETE				4.1 TITLE					Chang	e 🔲 Addition
NAME				4.2 N	4. 2 NAME						ĺ
STREET ADDRESS				4.3 ST	REET	T ADDRE	ss				\
CITY-ST-ZIP]					T-ZIP					
TITLE			☐ DELETE	5.1 TT	_				<u>-</u>	Chang	je 🗌 Addition
NAME				5.2 N/							Ì
STREET ADDRESS)			5.3 S	TREE 1	TADORE	ss				ĺ
				5.4 CI							
CITY-ST-ZIP			☐ DELETE	6.1 77			+-			Chang	ge
THE			C, 500-12	62 N	ME =						

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 and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director of the corporation or the receiver or trustee and officer or director or director of the corporation or the receiver or trustee and officer or director or director

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15 94

Daytime Phone #

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90273 003 ***150.00

CR2E034 (11/98)