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95 MAY -1 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # **K85782** (6)

1. Corporation Name
JESUS A. DIAZ, D.D.S., P.A.

Principal Place of Business Mailing Address

% JESUS A. DIAZ 5757 S.W. 8TH ST., #113 MIAMI FL 33144

% JESUS A. DIAZ 5757 S.W. 8TH ST., #113 MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc 26 Suite, Apt. #, etc

22 City & State 27 City & State

23 Zip 28 Country

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

05/04/1989 08/16/1994

4. FEI Number Applied For / Not Applicable

65-0113647

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(2)? Florida Statutes Yes No

9. Name and Address of Current Registered Agent

DIAZ, JESUS A.
5757 S.W. 8TH ST.
STE. #113
MIAMI FL 33144

10. Name and Address of New Registered Agent

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 607.0602 and 607.1508, Florida Statutes, the above named corporation submits the 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 607.0605, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, JESUS A.	2. NAME	
STREET ADDRESS	6181 S.W. 12TH ST.	3. STREET ADDRESS	
CITY, ST., ZIP	MIAMI FL 33144	4. CITY, ST., ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST., ZIP		8. CITY, ST., ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST., ZIP		12. CITY, ST., ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST., ZIP		16. CITY, ST., ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST., ZIP		20. CITY, ST., ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199(2)(3)(A), Florida Statutes. I further certify that the information included in this report or supplement to the 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 register or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of changes, or on an attachment with an address.

SIGNATURE: *Jesús A. Diaz* 5/1/95 (305) 441-6667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR