

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
Division of CORPORATIONS

**APPROVED
AND
FILED**
1995 May -1 11:18:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K99745

(7)

1. Corporation Name

MIGUEL A. MENDEZ, JR., P.A.

Principal Place of Business

**2240 PALM BEACH LAKES BLVD.
SUITE 250
WEST PALM BEACH FL 33409**

Mailing Address

**2240 PALM BEACH LAKES BLVD.
SUITE 250
WEST PALM BEACH FL 33409**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 07/05/1989	3a. Date of Last Report 04/27/1994
4. FEI Number 65-0125845	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 194(1)(2) Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

2b. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

9. Name and Address of Current Registered Agent

**MENDEZ, MIGUEL A., JR.
2240 PALM BEACH LAKES BOULEVARD
SUITE 250
WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL

11. Pursuant to the provisions of Sections 607.08(2) and 607.15(9), 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 607.05(5), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

12.1 TITLE	DPT
12.2 NAME	MENDEZ, MIGUEL A., JR.
12.3 STREET ADDRESS	2240 PALM BCH LKS BL 250
12.4 CITY, ST, ZIP	WEST PALM BEACH FL
12.5 TITLE	
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY, ST, ZIP	
12.9 TITLE	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 TITLE	
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 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 Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 of the corporation, and that my name appears in Block 12 or 13, as changed, on the attachment with an address.

SIGNATURE: *Miguel A. Mendez Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95
407-471-8300