

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

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90036 019 \*\*\*150.00

U136138

|  |   |   |
|--|---|---|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # L09363**  
 1. Corporation Name  
**ELENA DE SOCARRAZ, P.A.**



|   |   |
|---|---|
| Principal Place of Business<br><del>800 DOUGLAS ROAD</del><br><del>SUITE 160 BLDG. B</del><br>CORAL GABLES FL 33134<br>US | Mailing Address<br><del>800 DOUGLAS ROAD</del><br><del>SUITE 160 BLDG. B</del><br>CORAL GABLES FL 33134<br>US |
|---|---|

DO NOT WRITE IN THIS SPACE

|  |   |
|--|---|
| 2. Principal Place of Business<br>21 <b>999 PONCE DE LEON BLVD</b> | 2a. Mailing Address<br>26 <b>999 PONCE DE LEON BLVD</b> |
| 22 Suite, Apt. #, etc.<br><b>1015</b>                              | 27 Suite, Apt. #, etc.<br><b>1015</b>                   |
| 23 City & State<br><b>CORAL GABLES, FL</b>                         | 28 City & State<br><b>CORAL GABLES, FL</b>              |
| 24 Zip <b>33134</b> Country <b>DADE</b>                            | 29 Zip <b>33134</b> Country <b>DADE</b>                 |

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>08/14/1989</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 4. FEI Number<br><b>65-0157220</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**SOCARRAZ, ELENA DE**  
**800 DOUGLAS RD.**  
**SUITE 160 BLDG. B**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

|  |
|--|
| 81 Name<br><b>SAME</b>   |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>999 PONCE DE LEON BLVD</b> |
| 83 <b>SUITE 1015</b>   |
| 84 City <b>CORAL GABLES</b> FL 85 Zip Code <b>33134</b>                                |

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: *Elena de Socarraz* **ELENA DE SOCARRAZ** DATE: **4/28/99**

12. OFFICERS AND DIRECTORS

|                |  |
|----------------|--|
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>SOCARRAZ, ELENA DE</b>                |
| STREET ADDRESS | <b>800 DOUGLAS RD, 160B</b>              |
| CITY-ST-ZIP    | <b>CORAL GABLES FL</b>                   |
| TITLE          | <input type="checkbox"/> DELETE          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> DELETE          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> DELETE          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> DELETE          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS | <b>999 PONCE DE LEON BLVD SUITE 1015</b>                                     |
| 1.4 CITY-ST-ZIP    | <b>CORAL GABLES, FL 33134</b>  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 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 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, with all other like empowered.

SIGNATURE: *Elena de Socarraz* DATE: **4/28/99** (305) 443-1306

CR2E034 (11/98)