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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(4)

FILED Feb 03 1998 8:00am Secretary of State

LUIS C. NAVAS, M.D.P.A.							
						# # # # # # # # # # # # # # # # # # #	
Principal Place	e of Business	Mailing Ad	dress				1111 31311 01811 31311 1431
C/O LUIS C.			C/O LUIS C. NAVAS				
8280 FLAGLE MAIMI FL 331			8260 W FLAGLER ST 2-J Maimi Fl 33144			DO NOT WRITE IN TH	S SPACE
US	•	US US				3. Date Incorporated or Qualified	O OI NOL
		-				12/08/1989	
2. Principal P	ace of Business	2a. Mailing	Address			4. FEI Number	Applied For
21		26	26			65-0168071	Not Applicable
Suite, Apt. W, etc.			Suite, Apt. #, etc.				\$8.75 Additional
22		27				5. Certificate of Status Desired	Fee Required
City & State	9	City & S	City & State			6. Election Campaign Financing	\$5.00 May Be
23	 	28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	-	Country		8. This corporation owes or has paid the o	
24	25	29 of Current Registered Ag	30	<u> </u>		Personal Property Tax due June 30. 10, Name and Address of New Registers	
AIA		OI COLLEUR MOGISTERED WA	io i i	81	Name	18. Haille alla Addiess Of New Hogisters	o Agent
NAVAS, LUIS C.					Hame		
	30 W FLAGLER ST 2-J ITE 1-B			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
•	Mi FL 33144			83			
MIN	1MI FL 33 144						
				84	City	F	85 Zip Code
11. Pursuani i	to the provisions of Section	os 607.0502 and 607.1508.	Florida Statutes.	the above	e-named co		
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.							
-	m amiliar with, and accep	t me obrigations of, Section	007,0305, FIORIC	a Statutes	1.		
SIGNATURE	Signature, typed or printed name of	registered agent and title if applicable	(NOTE: FI	Ingistered Age	nt signature re	equired when reinstating) DATE	
12.	OFF	ICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	[DELETE	1.1 TITLE			Change Addition
NAME	NAVAS, LUIS C.			1.2 NAME			
STREET ADDRESS	8260 W FLAGLER S	T 2-J		1.3 ŞTREET	ADDRESS		
CITY-ST-ZIP	MAIMI F			1.4 CITY-S	T-ZIP		
TITLE		ι	DELETE	2.1 TITLE			Change Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET			
CITY-ST-ZIP			DELETE	2.4 CITY - S	T-21P		Change Addition
TITLE		L	™ ncrcit	3.1 TITLE	1		CT change CT Add(((0))
NAME ATTEMPT ADDRESS				3.2 NAME	*DDDCC*		
STREET ADDRESS				3.3 STREET			
CITY-ST-ZIP TITLE		T	DELETE	3.4 CHY-S 4.1 TITLE	1 - 2117		Change Addition
NAME I		'		4.7 THE			onango receitor
STREET ADDRESS				4.3 STREET	ATITIDES		
CITY-ST-ZIP				4.3 STREET			
TITLE			DELETE	51 TITLE	1-211		☐ Change ☐ Addition
NAME		•		5.2 NAME			- -
STREET ADDRESS				53 STREET	ADDRESS		
CITY-ST-ZIP				54 CITY-S			
TITLE			DELETE	61 TITLE			Change Addition
NAME				62 NAME			
STREET ADDRESS				63 STREET	ADDRESS		
CITY-ST-ZIP				6.4 CITY-SI	r-zip		
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	20 st 144 t 4 section	and the standard by the filling and a second	11 (15 0 - 15 - 440 07(0)(3 Et - 14 0 0 1 4 - 14 1 1 1 1	and the street street and a second trans

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 informatio 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 eath; 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 as address.