

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **L48781** (3)
1. Corporation Name
XAVIER P. ANTON, M.D., P.A.

Principal Place of Business
**% MANNY FIGUEROA C.P.A.
306 ALCAZAR AVE., SUITE 220
CORAL GABLES FL 33134**

Mailing Address
**% MANNY FIGUEROA C.P.A.
306 ALCAZAR AVE., SUITE 220
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/09/1990

4. FEI Number **65-0170430**
Applied For ☐ Not Applicable ☐

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 **c/o MANNY FIGUEROA CPA**
Suite, Apt. #, etc.
22 **308 ALHAMBRA CIRCLE**
City & State
23 **CORAL GABLES, FL 33134**
Zip Country
24
25
26 **c/o MANNY FIGUEROA, CPA**
Suite, Apt. #, etc.
27 **308 ALHAMBRA CIRCLE**
City & State
28 **CORAL GABLES, FL 33134**
Zip Country
29
30

9. Name and Address of Current Registered Agent

**ANTON, XAVIER P.
% MANNY FIGUEROA C.P.A.
306 ALCAZAR AVE., SUITE 220
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name **ANTON, XAVIER P.**
82 Street Address (P.O. Box Number is Not Acceptable)
c/o MANNY FIGUEROA C.P.A.
83 **308 ALHAMBRA CIRCLE**
84 City **CORAL GABLES** **FL** 85 Zip Code **33134**

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

Signature: typed or printed name of registered agent and filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	D			<input type="checkbox"/>
	ANTON, XAVIER P.	3629 PALMETTO AVE.	MIAMI FL	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 my attachment with an address.

SIGNATURE:

XAVIER P. ANTON

(305) 446-1120

CR2E034 (10/97)