

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

FILED

Feb 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L56613** (7)

1. Corporation Name
CELIA REYES, P.A.

Principal Place of Business
**1930 NE 47 ST. #308
FT LAUDERDALE FL 33308**

Mailing Address
**1930 NE 47 ST. #308
FT LAUDERDALE FL 33308-7729**



2. Principal Place of Business 21 2001 NE 48 CT #2 Suite, Apt. #, etc.		2a. Mailing Address 26 2001 NE 48 CT #2 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/05/1990	3a. Date of Last Report 07/10/1996
22 City & State 23 FORT LAUD FL		27 City & State 28 FORT LAUD FL		4. FEI Number 65-0176854	Applied For Not Applicable
24 33308 25 BROWARD		29 33308 30 BROWARD		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 FORT LAUD FL		28 FORT LAUD FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33308 25 BROWARD		29 33308 30 BROWARD		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent REYES, CELIA 1930 N.E. 47TH STREET # 308 SUITE 307 FT. LAUDERDALE FL 33308		10. Name and Address of New Registered Agent 81 Name REYES, CELIA 82 Street Address (P.O. Box Number is Not Acceptable) 2001 NE 48 CT #2 83 84 City FORT LAUD FL 85 Zip Code 33308	
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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 *Celia Reyes* **CELIA REYES** DATE **1-29-97**
Signature, typed or printed name of registered agent as applicable. (NOTE: Registered Agent signature required when relistating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYES, CELIA	1.2 NAME	
STREET ADDRESS	4725 N. FEDERAL HWY. 2001 NE 48 CT #2	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYES, CELIA	2.2 NAME	
STREET ADDRESS	4725 N. FEDERAL HWY. 2001 NE 48 CT #2	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Celia Reyes* **CELIA REYES** DATE **1-8-97** (954) 491-6681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)