

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -4 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L60215** (5)

1. Corporation Name
MARIA-CRISTINA DEL-VALLE, P.A.

Principal Place of Business % MARIA-CRISTINA DEL-VALLE, ESQ. 801 BRICKELL AVENUE, 9TH FLOOR MIAMI FL 33131 US	Mailing Address % MARIA-CRISTINA DEL-VALLE, ESQ. 801 BRICKELL AVENUE, 9TH FLOOR MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 03/27/1990	3a. Date of Last Report 03/21/1994
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4. FEI Number 65-0185404	Applied For <input type="checkbox"/> Not Applicable
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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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 21 SAME AS ABOVE	2a. Mailing Address 26 SAME AS ABOVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEL-VALLE, MARIA-CRISTINA, ESQ.
801 BRICKELL AVENUE
9TH FLOOR EAST
MIAMI FL 33131**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEL-VALLE, MARIA-CRISTINA
STREET ADDRESS	801 BRICKELL AVE., 9TH FLOOR EAST
CITY - ST - ZIP	MIAMI FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	

21 TITLE Change Addition

22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	

31 TITLE Change Addition

32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	

41 TITLE Change Addition

42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	

51 TITLE Change Addition

52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	

61 TITLE Change Addition

62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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 each officer or director, that I am an officer or director of the corporation, or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an amendment thereto.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria-Cristina Del-Valle

3/20/95 (305) 789-6667
Date Initial Printing Phone #