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

CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Secretary of State

FILED

Apr 30 1998 8:00am

	1998	DIVISION OF	CORPORA	ATIONS			
DOCUMENT # L72984 (2) EMILIO J. BUSTILLO, D.V.M., P.A.						11 81017 81011 81811 81811 1801	
Principal Place	o of Rusinoss	Mailing Address				 	
· ·							
7154 SW 117 AVE 7154 SW 117 AVE MIAMI FL 33183 MIAMI FL 33183							
					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualified		
2. Principal Place of Business 2a. Mailing Address				····	05/14/1990 4. FEI Number	Applied For	
2126					65-0193826	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22 27				···	5. Certificate of oratios position	Fee Required	
City & State	θ	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country		Cour	ntrv	B. This corporation owes or has paid the ci	Added to Fees	
24	25	29	30	,	Personal Property Tax due June 30.	Yes No	
	g, Name and Address of Curre				10. Name and Address of New Registered	Agent	
BUS	STILLO, EMILIO J.			81 Name			
7154 S.W. 117TH AVENUE			ŀ	82 Street Ado	et Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33183			ŀ	83			
			į				
:			ſ	84 City	Fi	85 Zip Code	
	to the provisions of Sections 607.05 egistered agent, or both, in the Statem familiar with, and accept the oblig	02 and 607.1508, Florida Stati e of Florida. Such change was gations of, Section 607.0505, F	utes, the ab authorized lorida State	ove-named cor by the corpora des.	poration submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered pointment as registered	
SIGNATURE	Signature, typed or printed name of registered ag	genii and tille if applicable (NC	OTE: Registered	Agent signature requ	ized when reinstating) DATE		
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	0	☐ DELETE	1.1 111	i		Change Addition	
NAME	BUSTILLO, EMILIO J.		1.2 NA	i			
STREET ADDRESS	7154 SW 117TH AVE MIAMI FL		1	HEET ADDRESS		\int \land	
CITY-ST-ZIP TITLE	MIMMI FL	DELETE	2.1 7(T	Y-ST-ZIP		Change Addition	
NAME			2.2 NA	i		,	
STREET ADDRESS			1	REET ADDRESS			
CITY-ST-ZIP			2. 4 01	TY-ST-ZIP			
TITLE		☐ DELETE	3.1 7/1	LE T		Change Addition	
NAME			3.2 NA	ME			
STREET ADDRESS			1	HEET ADDRESS		1	
CITY-ST-ZIP TITLE		DELETE	3.4. Ci	IY-ST-ZIP		Change Addition	
NAME			4.2 NA	1		E change E Agomon	
STREET ADDRESS				HEET ADDRESS			
CITY-ST-ZIP			1	Y-ST-ZIP			
TITLE		DELETE	5.1 T(T)			Change Addition	
NAME			5.2 NA	ME			
STREET ADDRESS			5.3 STF	REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		DELETE	6.1 7171			Change Addition	
NAME			6.2 NA	1			
STREET ADDRESS				REEF ADORESS			
CITY-ST-ZIP			6.4 Cf1	Y-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 a state 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 a state 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 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.