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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L83111 (9)
1. Corporation Name
ARTURO F. HERNANDEZ & ASSOC., P.A.



Principal Place of Business: 4160 WEST 16TH AVENUE SUITE 302 HIALEAH FL 33012 US
Mailing Address: 4160 WEST 16TH AVENUE SUITE 202 HIALEAH FL 33012-5853 US

3. Date Incorporated or Qualified: 06/22/1990
3a. Date of Last Report: 04/22/1996
4. FEI Number: 65-0199586
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 [X] No

9. Name and Address of Current Registered Agent: HERNANDEZ, ARTURO F. 4160 WEST 16TH AVENUE SUITE 302 HIALEAH FL 33012
10. Name and Address of New Registered Agent: []
81 Name: []
82 Street Address (P.O. Box Number is Not Acceptable): []
83 []
84 City: [] FL 85 Zip Code: []

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] (NOTE: Registered Agent signature required when reinstating) DATE: []

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP [] DELETE	1.1 TITLE	[] Change [] Addition
NAME	HERNANDEZ, ARTURO F.	1.2 NAME	
STREET ADDRESS	4160 WEST 16TH AVENUE, SUITE 302	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	
TITLE	[] DELETE	2.1 TITLE	[] Change [] Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	[] DELETE	3.1 TITLE	[] Change [] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	[] DELETE	4.1 TITLE	[] Change [] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	[] DELETE	5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[] DELETE	6.1 TITLE	[] Change [] 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 in an attachment with an address.

SIGNATURE: [Signature] 04/24/97 305-825-0988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)