

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90013 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M06986

1. Corporation Name
CARLOS A. TRIAY PROFESSIONAL ASSOCIATION



Principal Place of Business: 999 PONCE DE LEON BLVD. SUITE 1110 CORAL GABLES FL 33134 S
 Mailing Address: 999 PONCE DE LEON BLVD. SUITE 1110 CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
999 PONCE DE LEON BLVD. SUITE 1110 CORAL GABLES FL 33134 S		999 PONCE DE LEON BLVD. SUITE 1110 CORAL GABLES FL 33134 US		10/26/1984	
4. FEI Number		Applied For		5. Certificate of Status Desired	
59-2462220		Not Applicable		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		7. This corporation owes the current year Intangible Personal Property.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> \$5.00 May Be Added to Fees					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TRIAY, CARLOS A. 999 PONCE DE LEON BLVD. SUITE 1110 CORAL GABLES FL 33134				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

1. 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 _____

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PS	TRAY, CARLOS A. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE: 999 PONCE DE LEON, STE. 1110		1.2 NAME	
REET ADDRESS: CORAL GABLES FL		1.3 STREET ADDRESS	
TY-ST-ZIP:		1.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE:		2.2 NAME	
REET ADDRESS:		2.3 STREET ADDRESS	
TY-ST-ZIP:		2.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE:		3.2 NAME	
REET ADDRESS:		3.3 STREET ADDRESS	
TY-ST-ZIP:		3.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE:		4.2 NAME	
REET ADDRESS:		4.3 STREET ADDRESS	
TY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE:		5.2 NAME	
REET ADDRESS:		5.3 STREET ADDRESS	
TY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE:		6.2 NAME	
REET ADDRESS:		6.3 STREET ADDRESS	
TY-ST-ZIP:		6.4 CITY-ST-ZIP	

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 an attachment with an address.

SIGNATURE: _____ 7/6/99 305-446-4989
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

585168-40013-77
M06986

RAPOPORT & TRIAY
A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS
ATTORNEYS AT LAW
SUITE 1110
999 PONCE DE LEON BOULEVARD
CORAL GABLES, FLORIDA 33134

ALLEN J. RAPOPORT, P.A.
CARLOS A. TRIAY, P.A.
MARIA FERNANDEZ-VALLE
OF COUNSEL

TELEPHONE (305) 446-4988
FAX (305) 446-5821

July 6, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: CARLOS A. TRIAY, PROFESSIONAL ASSOCIATION
DOCUMENT NO. M06986

Ladies/Gentlemen:

Enclosed please find the Annual Report and \$150.00 filing fee, for the above captioned corporation. This Annual Report packet is marked "Second Notice," however, please be advised that we never received the first notice. Please waive the \$400.00 late fee. If you review our previous records, you will note that we have always filed the Annual Report on time.

Very truly yours,


Carlos A. Triay