

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # M 11405

1. Corporation Name

ABA PROFESSIONAL ASSOCIATION INC.

Principal Place of Business

Mailing Address

801 BRICKELL BAY DR.  
TOWER FOUR SUITE # 662  
MIAMI FL, 33131

FILED

09 JUL 12 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2-15-85

4. FEI Number

59-822928

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZAL DORTA  
334 MINORCA AVE.  
CORAL GABLES FL, 33134

81 Name

GONZAL DORTA PA.

82 Street Address (P.O. Box Number is Not Acceptable)

334 MINORCA AVE.

83

84 City

CORAL GABLES

FL

85 Zip Code

33134

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
PATRICIA MENDIOLA  
1101 BRICKELL AVE.  
Miami, Florida 33131

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SECRETARY  
MARIANA ORSINI  
250 WEST 49 ST HL, FL. 33012

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-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 an attachment with an address, with all other like empowered.

SIGNATURE Patricia Mendiola PATRICIA MENDIOLA 7-9-99 305-374-0838

**ABA PROFESSIONAL ASSOCIATION INC.**

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**LOC: 801 BRICKELL BAY DRIVE TOWER #4 ste.662**

**MAIL . 1101 Brickell AVE Box # 310460  
Miami, Florida 33131.U.S.A.**

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1-800-344-8211 From The Caribbean  
800-122-06 From Venezuela  
0130-814747 From Germany  
046-059416 From Switzerland

FAX: 1-800-442-0497 From USA, Canada, & Caribbean ELSEWHERE 305-374-0497

LOCAL TELEPHONES 305-374-0838 374-3162, 374-6404, 374-3131

Internet add :abahere@worldnet.att.net

FLORIDA DEPARTMENT OF STATE  
C/O TALLAHASSEE DIVISION OF CORPORATE FILING  
409 EAST GAINES ST  
TALLAHASSEE FL 32399

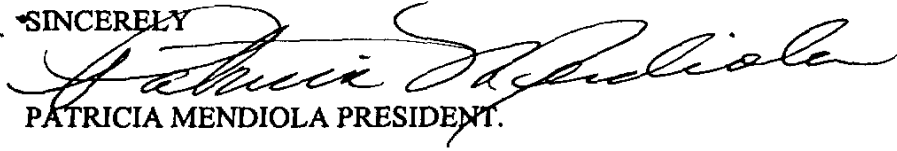
REF ABA PROFESSIONAL ASSOCIATION ANNUAL REPORT.  
DOCUMENT NUMBER # M11405 ( F.E.I. 59-822928 )

DEAR SIRs AS PER YOUR REQUEST WE RESPECTFULLY WRITE THIS LETTER AS OUR FORMAL REQUEST THAT YOU AFFORD US THE OPPORTUNITY TO FILE THIS ANNUAL REPORT WITHOUT A PENALTY FEE. WE MOVED FROM OUR LOCATION AT 300 BISCAYNE BLVD WAY SUITE #615 MIAMI FL 33131. ON AUGUST 1998 ON NOVEMBER 1998 THE REGISTER AGENT AND CORPORATE COUNSEL GONZALO DORTA MOVED FROM 1401 BRICKELL AVE SUITE #650 MIAMI FL 33131 TO 334 MINORCA AVE CORAL GABLE FL 33134.

ADDITIONALLY WE ARE INVOLVED IN A CIVIL LITIGATION AND IT APPEARS THAT UNBEKNOWNST TO US SOME OF OUR MAIL HAS BEEN DIVERTED BY OTHERS. WE ARE NOT CERTAIN IF AMONGST THE MAIL DIVERTED WAS THE ANNUAL REPORT. HENCE WE RESPECTFULLY REQUEST THAT YOU ASSIST US IN GETTING THIS CORPORATION PROPERLY REGISTER AS A CURRENT AND ACTIVE CORPORATION. WE SENT OUR PAYMENT WITHOUT A CHANGE OF ADDRESS BUT THE RECORDS NOR THE BANK INDICATES IT HAS BEEN PAID.

WE ARE PRESENTLY CHANGING OUR CORPORATE INSURANCE PLANS TO ACCOMMODATE MY 8 YEAR OLD SONS DIABETES MEDICAL NEEDS. IT IS ESSENTIAL EMERGENCY THAT WE HAVE A CERTIFICATE OF GOOD STANDING VIA FAX BY ON THIS

SINCERELY

A handwritten signature in cursive script, appearing to read 'Patricia Mendiola', written in black ink.

PATRICIA MENDIOLA PRESIDENT.

CC: CSC KATHY DRAKE

3



4

ACCOUNT NO. : 072100000032

REFERENCE : 303205 7188605

AUTHORIZATION : *Patricia Pujols*

COST LIMIT : \$ 158.75

ORDER DATE : July 12, 1999

ORDER TIME : 9:49 AM

ORDER NO. : 303205-005

CUSTOMER NO: 7188605

CUSTOMER: Mr. Manuel Lora  
Aba Professional Association  
Suite 662  
801 Brickell Bay Drive Tower 4  
Miami, FL 33131

ANNUAL REPORT FILING

NAME: ABA PROFESSIONAL ASSOCIATION  
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
XX        CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Mimi Stephens

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
99 JUL 12 PM 10:56  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE