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FILED
May 12 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 # M13961 (1)

1. Corporation Name
MANUEL GOMEZ & ASSOCIATES, INC.



Principal Place of Business Mailing Address

**3535 NW 7TH ST
 MIAMI FL 33125** **3535 NW 7TH ST
 MIAMI FL 33125-4015**

3. Date Incorporated or Qualified 3a. Date of Last Report

04/15/1985 **05/01/1996**

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip Country 30. Country

4. FEI Number Applied For

59-2534716 Not Applicable

6. 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

9. Name and Address of Current Registered Agent

**BENITEZ, EMILIO
 600 S. ANDREWS AVE.
 STE 403
 FT LAUDERDALE FL 33301**

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 DATE

(Signature) _____

12. OFFICERS AND DIRECTORS'		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
DP	GOMEZ, MANUEL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3535 NW 7TH ST	MIAMI FL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
DS	GOMEZ, LYDIA ISABEL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3535 NW 7TH ST	MIAMI FL	2.1 TITLE	2.2 NAME
MIAMI FL		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
DT	GOMEZ, MANUEL, III	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3535 NW 7TH ST	MIAMI FL	3.1 TITLE	3.2 NAME
MIAMI FL		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
D	GOMEZ, SOL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3535 NW 7TH ST	MIAMI FL	4.1 TITLE	4.2 NAME
MIAMI FL		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 on an attachment with an address.

SIGNATURE: *(Signature)* **MANUEL GOMEZ, PRES.** 04-18-97 (305) 649-0311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)