

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

**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 <b>04/15/1985</b>		3a. Date of Last Report <b>05/01/1996</b>	
4. FEI Number <b>59-2534716</b>		Applied For Not Applicable	
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	
24. Country		29. Country	
25. Country		30. Country	

6. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>BENITEZ, EMILIO                  600 S. ANDREWS AVE.                  STE 403                  FT LAUDERDALE FL 33301</b>	
10. Name and Address of New Registered Agent	
81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

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
<input type="checkbox"/> DELETE			
DS	GOMEZ, LYDIA ISABEL	2.1 TITLE	2.2 NAME
3535 NW 7TH ST	MIAMI FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE			
DT	GOMEZ, MANUEL, III	3.1 TITLE	3.2 NAME
3535 NW 7TH ST	MIAMI FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE			
D	GOMEZ, SOL	4.1 TITLE	4.2 NAME
3535 NW 7TH ST	MIAMI FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE			
		5.1 TITLE	5.2 NAME
<input type="checkbox"/> DELETE		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		6.1 TITLE	6.2 NAME
<input type="checkbox"/> DELETE		6.3 STREET ADDRESS	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 on an attachment with an address.

SIGNATURE:  **MANUEL GOMEZ, PRES.**      Date: **04-18-97**      Daytime Phone #: **(305) 649-0311**

CR2E034 (9/96)