

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # M18288

(4)

95 APR -7 AM 10:56

1. Corporation Name

MANUEL G. SOTO, CPA, PA.

Principal Place of Business

Mailing Address

% MANUEL G. SOTO
6860 W. FLAGLER ST., STE. 1103
MIAMI, FL 33144-2042

% MANUEL G. SOTO
6860 W. FLAGLER ST., STE. 1103
MIAMI, FL 33144-2042

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/19/1985

3a. Date of Last Report
03/07/1994

SAME

21. Principal Place of Business
8360 W Flagler St

2a. Mailing Address
SAME

4. FEI Number
59-2718359

Applied For
Not Applicable

22. Suite, Apt. #, etc.
SCL103

27. Suite, Apt. #, etc.
103

5. Certificate of Status Desired \$8.75 Additional Fee Required

23. City & State
Miami FL

28. City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24. Zip
33144

Country
USA

29. Zip
Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOTO, MANUEL G.
13931 SW 17 TERRACE
MIAMI, FL 33175

ADDRESS
Change

81. Name
SOTO MANUEL G

82. Street Address (P.O. Box Number is Not Acceptable)
4260 SW 149 CUMES

84. City
Miami FL 85. Zip Code
33185

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]

2/1/95

(Signature defined on the name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SOTO, MANUEL G.
STREET ADDRESS 13931 S.W. 17TH TERRACE
CITY - ST - ZIP MIAMI FL

address
change

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

PD
SOTO, MANUEL G.
4260 SW 149 CUMES
MIAMI - FLA - 33185

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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]

2/1/95 225-1482
325

(Name and typed or printed name of officer or director)

DATE

Daytime Phone #