

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra O. Northing
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PH 12: 28**

DOCUMENT # M19704 (9)

1. Corporation Name
RAUL LIZASO, DDS PA

Principal Place of Business Mailing Address
**C/O RAUL LIZASO
6025 WEST 10TH AVENUE
HIALEAH FL 33012** **C/O RAUL LIZASO
6025 WEST 10TH AVENUE
HIALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
08/20/1985 **01/25/1994**

2. Principal Place of Business
91

2a. Mailing Address
26

4. FID Number Applied For
59-2567578 Not Applicable

State Apt. # State Apt. #
22 **27**

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

City & State City & State
23 **28**

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

Zip Country Zip Country
24 **25** **29** **30**

7. This corporation has liability for intangible tax under 215, F.S. (215.00),
Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

**LIZASO, RAUL
6025 WEST 10TH AVENUE
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (if C.F. has Number or Not Applicable)
83
84 City **85** Zip Code
FL

11. The agent for the previous year has been duly elected and qualified under Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered agent. No corporate action or vote of the directors of Florida Statutes change was authorized by the corporation's board of directors. Thereby, except the appointment of a registered agent. Form 1995-1000 (with amendments) effective January 1, 1995, Florida Statutes.

12. **1995-1000** 13. **ADDITIONAL CHANGES TO DIRECTOR AND OFFICER LIST**

NAME ADDRESS CITY STATE ZIP
**PDS
LIZASO, RAUL
6025 W. 10 AVE
HIALEAH FL**

| NAME | ADDRESS | CITY | STATE | ZIP | Change | Addition |
|----------|---------|------|-------|-----|--------------------------|--------------------------|
| 1. NAME | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. NAME | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. NAME | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. NAME | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. NAME | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. NAME | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. NAME | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. NAME | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. NAME | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. NAME | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. NAME | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. NAME | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. NAME | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. NAME | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. NAME | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. NAME | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. NAME | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. NAME | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. NAME | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. NAME | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

14. The undersigned hereby certifies that the information supplied with this filing is true, correct and complete, and that the registered agent for the corporation stated in this report is duly elected and qualified under Florida Statutes. If there is any change in the information supplied in this report, the corporation shall file a report of change with the Secretary of State, Florida Statutes, and that the report appears on Block 13 of this filing report or on an attached Form 1995-1000.

SIGNATURE: *Raul Lizaso*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

01-09-95