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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M20318 1. Corporation Name

JULIUS SER, P.A.

3. Date Incorporated of Qualified O9/06/1985 2. Principal Place of Business	CORAL GABLES FL 33134 DO NOT 3. Date Incorporated or Qua	Applied For Not Applicable \$8.75 Additional Fee Required ing \$5.00 May Be Added to Fees current year Intangible Yes No
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2. Principal Place of Business 2a. Mailing Address 59-2572857 Nat Applicable 59-2572857	2. Principal Place of Business 2a. Mailing Address 59-2572857 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desire City & State City & State 6. Election Campaign Finant Trust Fund Contribution Zip Country Zip Country Zip Country 8. This corporation owns of Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of Name and Address of Current Registered Agent 81 Name SER, JULIUS 200 ARAGON AVENUE 82 Street Address (P.O. Box Number is Not According to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE PD DELETE Signature, typed or printed name of regeletered agent and title if applicable. (NOTE-Registered Agent segmeture required when reinstating). ADDITIONS/CHANGES TO TITLE DELETE DELETE STREET ADDRESS 22 ARAGON AVE. CORAL GABILES FL. DELETE STRINE ADDRESS CITY-ST-ZIP DELETE STRINE ADDRESS CITY-ST-ZIP DELETE STRINE ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP STREET ADD	Not Applicable d S8.75 Additional Fee Required ing S5.00 May Be Added to Fees current year Intangible No
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6.4 CITY-ST-ZIP

SIGNATURE:

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.

FILED

Feb 13, 1999 8:00am

Secretary of State

02-13-1999 90025 044 ***150.00