

[Empty rectangular box]

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

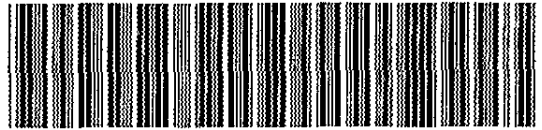
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200037613822

30 DAY NOTICE OF INTENT TO DISSOLVE

CORPORATION  
ANNUAL REPORT  
1986



**Filing Fee of \$50 Required - Make Checks Payable To: Secretary of State**

M24640  
SANCHEZ (GABRIEL), M. D., P. A.  
% MARTIN MONCARZ  
200 S. E. 6 STREET, STE 501  
FT. LAUDERDALE, FL 33301

8

10/02/86	00050	0101
ANNUAL REPORT		
ANNUAL REPORT		20.00
TOTAL		20.00

Date of Report 12/15/1985

59 262 0604

GABRIEL SANCHEZ DIC 4302 W BROWARD BLVD #100 FT LAUDERDALE, FL 33317

REGISTERED AGENT INFORMATION

MONCARZ, MARTIN  
200 S. E. 6 STREET  
SUITE 501  
FT. LAUDERDALE, FL 33301

Name and Address of New Registered Agent  
Street Address (Do Not Use P.O. Box Number) 82  
FL 33317

I hereby certify that the above named person is a resident of the State of Florida and is qualified to act as a registered agent for the corporation named herein.

SIGNATURE

**\$3.00 additional fee required for Registered Agent changes.**

Signature Gabriel Sanchez

Date 7/31/86

Typed Name of Signing Officer GABRIEL SANCHEZ

Title Sole Director & Officer Telephone Number 305-5811155

11 Should you desire a certificate of status check this box

CERTIFICATE OF STATUS DESIRED

**\$5 Additional Fee required for a Certificate of Status**