

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 FEB 27 PM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M47795** (3)

1. Corporation Name  
**FRANCISCO E. FONTE, P.A.**

Principal Place of Business Mailing Address  
**18700 WENTWORTH DR MIAMI FL 33015-9918**

DO NOT WRITE IN THIS SPACE.

9. Date Incorporated or Qualified **03/05/1987** 3a. Date of Last Report **03/15/1994**

4. FEI Number **59-2772888** Applied For  Not Applicable

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

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

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

21	2a. Mailing Address	26	22	27	23	28	24	25	29	30
	Suite, Apt. #, etc.			Suite, Apt. #, etc.		City & State		City & State		Country
	City & State			City & State		Zip		Country		Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FONTE, FRANCISCO E  
9933 PINE BLVD.  
PEMBROKE PINES FL 33024**

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>	
83			
84	City		

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>
NAME	<b>FONTE, FRANCISCO E</b>
STREET ADDRESS	<b>9933 PINE BLVD.</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>700001419067</b>
1.4 CITY-ST-ZIP	<b>-03/02/95--01046--004</b>
	<b>***200.00 ***200.00</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*2/27/95*  
*MS*

SIGNATURE:

*Francisco E. Fonte* FRANCISCO E. FONTE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/14/95* 305-489-5210  
DATE (Typed or Printed)