

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90090 004 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M67229

1. Corporation Name  
LORI G. MORENO AND ASSOCIATES, P.A.

Principal Place of Business

2512 SWANSON AVENUE  
MIAMI FL 33133  
US

Mailing Address

2512 SWANSON AVENUE  
MIAMI FL 33133  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1988

4. FEI Number

65-0039134

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 703 CRANDON BLVD.

2a. Mailing Address

26 703 CRANDON BLVD. #504

Suite, Apt. #, etc.

22 #504

Suite, Apt. #, etc.

27 #504

City & State

23 KEY BISCAIYNE, FLA

City & State

28 KEY BISCAIYNE, FLA.

Zip

24 33149

Country

25 USA

Zip

29 33149

Country

30 USA

9. Name and Address of Current Registered Agent

MORENO, LORI G.  
2512 SWANSON AVENUE  
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

703 CRANDON BLVD., #504

83

84 City

KEY BISCAIYNE

85 FL

Zip Code

33149

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

*Lori G. Moreno*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-4-99

12. OFFICERS AND DIRECTORS

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | D                   | <input type="checkbox"/> DELETE |
| NAME           | MORENO, LORI G.     |                                 |
| STREET ADDRESS | 2512 SWANSON AVENUE |                                 |
| CITY-ST-ZIP    | MIAMI FL            |                                 |
| TITLE          |                     | <input type="checkbox"/> DELETE |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> DELETE |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> DELETE |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> DELETE |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                           |  |
|--------------------|---------------------------|--|
| 1.1 TITLE          | D                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | MORENO, LORI G.           |  |
| 1.3 STREET ADDRESS | 703 CRANDON BLVD., #504   |  |
| 1.4 CITY-ST-ZIP    | KEY BISCAIYNE, FLA. 33149 |  |
| 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    |                           |  |

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.

SIGNATURE:

*Lori G. Moreno*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-99 (305) 361-9889

Date

Daytime Phone #

CR2E034 (1/198)