

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 JUL -7 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M99276**

1. Corporation Name  
**HOURLANI & DIAZ, P.A.**

Principal Place of Business  
1405 SW 107 Av.  
Suite 301A  
Miami, FL 33174

Mailing Address  
1405 SW 107 Av.  
Suite 301A  
Miami, FL 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/88  
3a. Date of Last Report: 06/14/94

2. Principal Place of Business  
21 2 S. Biscayne Blvd.  
2a. Mailing Address  
2a 2 S. Biscayne Blvd.

4. FEI Number: 65-0073439  
Applied For: Not Applicable

Suite, Apt #, etc.  
22 Suite 3400  
27 Suite 3400

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

City & State  
23 Miami, FL  
20 Miami, FL  
Country  
24 33131 25 Country 29 33131 30 Country

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

9. Name and Address of Current Registered Agent

Rosendo D. Diaz  
c/o Bichara & Ceballos, P.A.  
1405 SW 107th Av., #301 A  
Miami, FL 33174

10. Name and Address of New Registered Agent

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

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 fee if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	HOURLANI, MUKBIL M.D.
STREET ADDRESS	649 Palmarito Court
CITY - ST - ZIP	Coral Gables, FL 33134
TITLE	DVT
NAME	DIAZ, ROSENDO M.D.
STREET ADDRESS	649 Palmarito Court
CITY - ST - ZIP	Coral Gables, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	000001533070
13 STREET ADDRESS	-07/10/95--01019--020
14 CITY - ST - ZIP	***225.00 ***225.00
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(H), 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.

SIGNATURE:

*Rosendo D. Diaz*  
Rosendo D. Diaz  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

6-22-95  
(Date)

(305)  
44F-5520  
Delivered to: