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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90213 020 ***150.00



PROFIT CORPORATION
 ANNUAL REPORT
 1999

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

DOCUMENT # **P93000002510**

1. Corporation Name
CARLOS M. FERNANDEZ, P.A.



Principal Place of Business
~~2600 DOUGLAS ROAD~~
~~SUITE 708~~
 CORAL GABLES FL 33134
 US

Mailing Address
~~2600 DOUGLAS ROAD~~
~~SUITE 708~~
 CORAL GABLES FL 33134
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **1320 So. Dixie Highway**

2a. Mailing Address
 26 **1320 So. Dixie Highway**

22 ~~Suite, Apt. #, etc.~~
SUITE 750

27 ~~Suite, Apt. #, etc.~~
SUITE 750

23 ~~City & State~~
CORAL GABLES, FL

28 ~~City & State~~
CORAL GABLES, FL

24 ~~Zip~~ **33146** 25 ~~Country~~

29 ~~Zip~~ **33146** 30 ~~Country~~

3. Date Incorporated or Qualified
01/12/1993

4. FEI Number
65-0378368

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

9. Name and Address of Current Registered Agent
FERNANDEZ, CARLOS M
~~2600 DOUGLAS ROAD~~
~~SUITE 708~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1320 So. Dixie Highway

83 **SUITE 750**

84 City **CORAL GABLES** 85 Zip Code **FL 33146**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE **PD** DELETE

NAME **FERNANDEZ, CARLOS M**

STREET ADDRESS **2600 DOUGLAS ROAD, SUITE 708**

CITY-ST-ZIP **CORAL GABLES FL**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS **1320 So. Dixie Highway, Suite 750**

1.4 CITY-ST-ZIP **CORAL GABLES, FL. 33146**

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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, on an attachment with an address with all other like empowered.

SIGNATURE: **REQUIRED** 4/14/99 (305) 448-8988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)