

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P93000022815 (3)**

1. Corporation Name

**EDUARDO FERNANDEZ, P.A.**



Principal Place of Business

Mailing Address

520 BRICKELL KEY DR  
SUITE 305  
MIAMI FL 33131

520 BRICKELL KEY DR  
SUITE 305  
MIAMI FL 33131

2. Principal Place of Business

2a. Mailing Address

21 501 Brickell Key Drive

26 501 Brickell Key Drive

State, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 400

27 Suite 400

City & State

City & State

23 Miami-FL

28 Miami-FL

24 Zip 33131

Country USA

29 Zip 33131

30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERNANDEZ, EDUARDO  
520 BRICKELL KEY DR  
SUITE 305  
MIAMI FL 33131

81 Name Eduardo Fernandez

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

501 Brickell Key Drive

83 Suite 400

84 City Miami

FL

85 Zip Code 33131

11. Pursuant to the provisions of Sections 607.002 and 607.003, 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, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the current registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Handwritten Signature]*

*[Handwritten Signature: EDUARDO FERNANDEZ]*

*[Handwritten Date: 1/22/96]*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           | D FERNANDEZ, EDUARDO            |
| STREET ADDRESS | 520 BRICKELL KEY DR SUITE 305   |
| CITY- ST- ZIP  | MIAMI FL 33131                  |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           | D FERNANDEZ, MARIA R            |
| STREET ADDRESS | 520 BRICKELL KEY DR SUITE 305   |
| CITY- ST- ZIP  | MIAMI FL 33131                  |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY- ST- ZIP  |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY- ST- ZIP  |                                 |

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY- ST- ZIP  |   |
| 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 do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 applicable, or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]* Director

DATE

Daytime Phone #

*[Handwritten Date: 1/22/96]*

CR2E034 (12/95)