

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.**  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 05, 1999 8:00 am**  
**Secretary of State**

08-05-1999 90005 046 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P93000022815**

1. Corporation Name  
**EDUARDO FERNANDEZ, P.A.**



Principal Place of Business Mailing Address  
**501 BRICKELL KEY DRIVE SUITE 400 MIAMI FL 33131 US**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified  
**03/26/1993**  
 4. FEI Number Applied For  
**65-0393422 05-0393722** 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.  Yes  No

9. Name and Address of Current Registered Agent  
**FERNANDEZ, EDUARDO**  
**501 BRICKELL KEY DRIVE**  
**SUITE 400**  
**MIAMI FL 33131**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FERNANDEZ, EDUARDO</b>
STREET ADDRESS	<b>501 BRICKELL KEY DR, #400</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FERNANDEZ, MARIA R</b>
STREET ADDRESS	<b>501 BRICKELL KEY DR, #400</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
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	<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 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.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/26/99** **305-233-3644**

CR2E034 (5/99)

SLOSBERGAS & FERNANDEZ  
L.L.P.

COURVOISIER CENTRE  
501 BRICKELL KEY DRIVE, SUITE 400  
MIAMI, FLORIDA 33131  
E-MAIL ADDRESS: LAW@SLOSBERG-FERNANDEZ.COM

p93000022815  
601423-90005-46

FAX: (305) 374-2855  
(305) 374-7080

EDUARDO FERNANDEZ

July 26, 1999

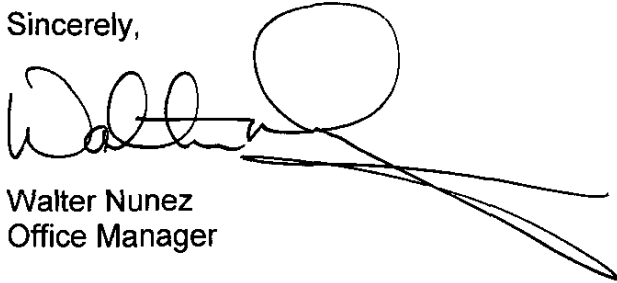
RE: Eduardo Fernandez, P.A.; Fed Id # 65-0393922

To Whom It May Concern  
Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear To Whom It May Concern:

Our bank has notified us that check # 3484, mailed to you on 2/25/99, and payable to the Department of State had never cleared. Accordingly we have cancelled that check and have issued the enclosed check # 3501 in the amount of \$150. Please waive the late fee as we had mailed our payment timely but must have apparently been lost.

Sincerely,



Walter Nunez  
Office Manager