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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000022991

1. Corporation Name

FERNANDEZ * KNIGHT, P.A.

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90212 023 ***150.00



Principal Place	e of Business	Mailing Address					
8955 SW 87TH COURT - 8955 SW 87TH COU							
STE 206		STE 206			DO NOT WRITE IN THIS SPACE		
MIAMI FL 33176 US	5	MIAMI FL 33176 US			3. Date incorporated or Qualifed		
03				03/25/1993			
- 51	Control of Province	a Mailing Address			4. FEI Number		pplied For
	lace of Business	2a. Mailing Address	20	TOCET	65-0400053	_ 	ot Applicable
21 4/40	SW. 3 STREET		4240 S.W. 3 STREET Suite, Apt. #, etc.		0070400000		Additional
Suite, Apt.			Suite, Apr. W. etc.		5. Certificate of Status Desired		equired-
22	<u> </u>	City & State			- Floring Compains Financing		
City & State		28 MIAMI, FL			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country		Zip Country			8. This corporation owes the current year in		
Zip 24 ろろ)^		¬ ¬¬¬¬ ∧		A	Personal Property Tax.	Yes	□No
24 331	9 Name and Address of Current		<u> </u>	<u> </u>	10. Name and Address of New Registered		
	g. Name and Address of Current	Kegistered Agent	81	Name	10. ************************************		
STRICKROOT, JOHN C ESQ							
100 SE 2ND ST. 17TH FLOOR			82	32 Street Address (P.O. Box Number is Not Acceptable)			
INTERNATIONAL PLACE			83				
MIAMI FL 33131			"				
			84	City	FI	85 Zip	Code
	0500	1 007 4500 Fly Ide Chatter	**		oration submits this statement for the purpose of	f changing it	s registered
office or o	egistered agent, or both, in the State of	Florida. Such change was auth	iorized by	the corporation	on's board of directors. I hereby accept the appo	intment as re	egistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes	3.			1
SIGNATURE					d when reinstating) DATE		
	Signature, typed or printed name of registered agent a OFFICERS AND	``	13.	nt signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
12.	DP OFFICERS AND	DELETE	1,1 TITLE		ADDITIONS/CHANGES TO OFFICERO A	Change	Addition
TITLE	FERNANDEZ, LOURDES A	- Deterie	1,2 NAME				
NAME	8955 SW 87TH COURT STE 206		1	T 4000000			\
STREET ADDRESS	,		•	TADDRESS			
CITY-ST-ZIP	MIAMI FL VTS	DELETE	1.4 CITY-S 2,1 TITLE	SI-ZIP		() Change	Addition
TITLE		- October		1			[
NAME	KNIGHT, C FRASUER	•	2.2 NAME				
STREET ADDRESS	8955 SW 87TH COURT STE 206			TADDRESS			1
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-	ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	3.1 TITLE			☐ Criange	L.J Addition
NAME			3.2 NAME			•	1
STREET ADDRESS			3,3 STREE	T ADDRESS			
CITY-ST-ZIP	,		3.4. CITY-	ST-ZIP			A data a
πιε	}	□ DELETE	4.1 TITLE			Change	Addition
NAME	,		4, 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	5.1 TITUE			☐ Change	☐ Addition
NAME			5.2 NAME				ļ
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CiTY-5	ST-ZIP			
TITLE	11.20	☐ DELETE	6.1 TITLE		, ř	. Change	☐ Addition)
NAME			6.2 NAME	ł			
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP	ş'ç	· ** - ye, ·	ļ
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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 charbed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP