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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000023507

1. Corporation Name

CARLOS M. LLORENTE, P.A.

Principal Place of Business Mailing Address					· <del>· · · · · · · · · · · · · · · · · · ·</del>		I (BOISEUL SIO IOIGO SILSI OPSIE ODISI ABSIE ADISO ISDOCISIO AITEC ADICE IORE I			
633 SE 3RD AVENUE		633 SE 3 AVENUE								
SUITE 4-F		SUITE 4-F			DO NOT	DO NOT WRITE IN THIS SPACE				
			FORT LAUDERDALE FL 33301				3. Date Incorporated or Qualifed			
US		US				03/30/1993	illea		,	
2 Principal Pl	lace of Business	2a, Mailing Address				4. FEI Number		Apr	plied For	
— ·	lace of business	26				65-0405373		<u> </u>	t Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.						\$8.75 A	<del>.</del>	
22	,, 0.0.	27				5. Certifcate of Status Desir	red 🔲	Fee Re		
City & State		City & State				6. Election Campaign Finan	cing _	\$5.00	May Be	
23		28				Trust Fund Contribution		Added to	o Fees	
Zip	Country	Zip	(	Country		8. This corporation owes the	e current year in			
24	25	29	30			Personal Property Tax.			□No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of N	lew Registered	Agent		
	DENTE CARLOCAL			81	Name					
	RENTE, CARLOS M			82	Street A	ddress (P.O. Box Number is Not Ad	ceptable)			
1	SE 3RD AVE TE 4-F					· · · · · · · · · · · · · · · · · · ·				
	AUDERDALE FL 33301			83					ļ	
F1 &	AUDENDALE FL 33301			84	City			85 Zip C	Code	
							FI	<u> </u>		
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State	e of Florida. Such change w	ras authori	ized by	the corpo	corporation submits this statement to ration's board of directors. I hereby	or the purpose o accept the appo	r cnanging its intment as reg	gistered	
agent. I ar	m familiar with, and accept the oblig	ations of, Section 607.0505	, Florida S	Statutés.		·	,			
SIGNATURE							DATE			
	Signature, typed or printed name of registered ag				it signature re	quired when reinstating)	DATE	ND DIRECTO	RS IN 12	
12.	OFFICERS A	ND DIRECTORS		13.	it signature re	quired when reinstating)  ADDITIONS/CHANGES T			RS IN 12	
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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 disease 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 or production with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE** 

CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR