

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Beverly B. Martyn, Jr.
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000023927 (5)

1. Corporation Name:

FRANK U. PINTADO, P.A.

Principal Place of Business:

**3191 CORAL WAY
SUITE 1010
MIAMI FL 33145**

Business Address:

**3191 CORAL WAY
SUITE 1010
MIAMI FL 33145**

FILED
SECRETARY OF STATE
FLORIDA CORPORATION

95 FEB 14 PM 11:28

2. Principal Place of Business:

**21 3191 Coral Way
Suite Apt. #, etc.**

26. Mailing Address:

**26 3191 Coral Way
Suite 1010
Rm. A1010**

3. Corporation Date Organized: **03/31/1993** 4. Date of Last Report: **06/20/1994**

City & State:

**22 Suite 1010
Miami, Florida**

**27 28 Suite 1010
Miami, Florida**

5. Corporation of State Located: **FL** \$8.75 Additional Fee Required

Zip:

24 33145

29 Zip:

29 33145

6. Election Campaign Financing Fund Contribution: **\$5.00** May Be Added to Fees

County:

25 Dade

30 County:

30 Dade

8. The corporation has liability for multiple tax under § 100.030, Florida Statutes: **No**

9. Name and Address of Current Registered Agent:

**PINTADO, FRANK U
3191 CORAL WAY
SUITE 1010
MIAMI FL 33145**

10. Name and Address of New Registered Agent:

81	Name:	82	Street Address: (If No Number is Not Acceptable)
83		84	City: FL Zip Code: 85

11. Pursuant to the provisions of Article IV, Sections 0502 and 0503, Florida Statutes, the above named corporation grants the 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, the Florida Statute, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICE	NAME	13.001	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, ANDREA	13.002	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3191 CORAL WAY, SUITE 1010	13.003	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	MIAMI FL	14.004	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE	NAME	21.001	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22.002	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		23.003	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		24.004	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE	NAME	31.001	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32.002	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		33.003	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		34.004	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE	NAME	41.001	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42.002	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		43.003	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		44.004	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE	NAME	51.001	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52.002	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		53.003	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		54.004	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE	NAME	61.001	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62.002	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		63.003	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		64.004	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare/certify that the information supplied on this filing is voluntarily furnished and true and accurate to the best of my knowledge and belief, that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal force and effect as if given in writing and that my signature is affixed to this document in the presence of the corporation or receiver or trustee empowered to execute the report as required by Chapter 100, Florida Statutes, and that my name appears on the front of this document in an attached seal or signature.

SIGNATURE:

NOTARIZED AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR NOTARY PUBLIC

1/20/95 441722

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