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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000033371 (4)
1. Corporate Name
JUANA MARIA ROJAS, P.A.

Principal Place of Business: 307 SOUTH BLVD STE D TAMPA FL 33606
Mailing Address: 307 SOUTH BLVD STE D TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 307 SOUTH BLVD STE D TAMPA FL 33606
2a. Mailing Address: 307 SOUTH BLVD STE D TAMPA FL 33606
21. State Apt # etc: 22. State Apt # etc: 23. City & State: 24. City & State: 25. City & State: 26. City & State: 27. City & State: 28. City & State: 29. City & State: 30. City & State:

3. Date Incorporated or Qualified: 05/07/1993
3a. Date of Last Report: 07/11/1994
4. FEI Number: 59-3217287
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 has liability for state public tax under § 197.002, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: ROJAS, JUANA M 307 SOUTH BLVD TAMPA FL 33606
10. Name and Address of New Registered Agent: B1 Name: B2 Street Address (P.O. Box Number is Not Acceptable): B3: B4 City: FL B5 Zip Code:

11. Pursuant to the provisions of Sections 607.04(1) 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 understand the obligations of Section 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROJAS, JUANA MARIA	1.2 NAME	
STREET ADDRESS	307 S BLVD STE D	1.3 STREET ADDRESS	
CITY	TAMPA FL	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY		6.4 CITY, ST, ZIP	

14. Corporation certifies that the information supplied with this filing is voluntarily furnished and that it qualifies for the exemption stated in Section 197.002(1)(b) Florida Statutes. I further certify that the information submitted in this annual report or supplementary annual report is true and accurate and that the corporation shall have the same legal effect as if made under oath. That any officers or directors of this corporation or the registered agent or any other person who is named in this report are required by Chapter 607, Florida Statutes, and that the names appear in accordance with the provisions of Section 607.0605, Florida Statutes.

SIGNATURE:  DATE: 4/25/95 (213) 253-0585