

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000033581 (8)

1. Corporation Name
WALTER ARGUEDAS, DPM, P.A.



Principal Place of Business: 2750 WEST 68TH ST. BAY 125 HIALEAH FL 33016
Mailing Address: 2750 WEST 68TH ST. BAY 125 HIALEAH FL 33016

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 2750 West 68th St.		26 2750 West 68 St.		05/10/1993		05/01/1995	
22 BAY 224		27 BAY 224		4. FEI Number		Applied For	
23 Hialeah Florida		28 Hialeah Florida		65-0419483		Not Applicable	
24 33016 USA		29 33016 USA		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
				<input type="checkbox"/>		<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
				<input type="checkbox"/>		<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ARGUEDAS, WALTER 2750 WEST 68TH ST. BAY 125 HIALEAH FL 33016				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: *[Signature]* DATE: 01 20 96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PSD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARGUEDAS, WALTER			1.2 NAME	ARGUEDAS WALTER		
STREET ADDRESS	525 MERIDIAN AVE. PAT. 405			1.3 STREET ADDRESS	7457 WEST 34th LN		
CITY-ST-ZIP	MIAMI BEACH FL 33139			1.4 CITY-ST-ZIP	HIALEAH FL 33016		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GENDRIZ, SAMUEL			2.2 NAME	Gendríz, Samuel		
STREET ADDRESS	2833 WEST 71 ST			2.3 STREET ADDRESS	7794 West 34th LN		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	Hialeah FL 33016		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, 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]* DATE: 01 20 96 DAYTIME PHONE #: 305 822 8090

CR2E034 (12/95)