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04-29-1999 90109 029 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000033581

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



Principal Place of Business: 2750 WEST 68TH ST., 224, HIALEAH FL 33016, US
 Mailing Address: 2750 WEST 68TH ST., 224, HIALEAH FL 33016, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 3300 W 84 ST, Suite, Apt. #, etc. 22 4, City & State HIALEAH FL, Zip 33018, Country US
 2a. Mailing Address: 26 3300 W 84 ST, Suite, Apt. #, etc. 27 4, City & State HIALEAH FL, Zip 33018, Country US

3. Date Incorporated or Qualified: 05/10/1993
 4. FEI Number: 65-0419483
 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 owes the current year intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
ARGUEDAS, WALTER
2750 WEST 68TH ST.
BAY 125
HIALEAH FL 33016

10. Name and Address of New Registered Agent
 81 Name: **WALTER ARGUEDAS**
 82 Street Address (P.O. Box Number is Not Acceptable): **3300 W 84 ST**
 83 **SUITE 4.**
 84 City: **HIALEAH** 85 Zip Code: **FL 33018**

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: 4/26/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PSD	ARGUEDAS, WALTER	7457 W 34TH LN	HIALEAH FL	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 changed. Attach an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/26/99 (305) 822-8090

CR2E034 (11/98)