

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

CORPORATION
 ANNUAL REPORT
 1994



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
 AND
 FILED

94 JUN 21 AM 11:29

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P93000035263 (1)**

1. Corporation Name
JULIAN L. MESA, P.A.

Main Office Address
~~2937 SW 27 AVE~~
~~SUITE 305~~
~~MIAMI FL 33133~~

Principal Place of Business
~~2937 SW 27 AVE~~
~~SUITE 305~~
~~MIAMI FL 33133~~

If above addresses are incorrect in any way, use through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/17/1993	3a. Date of Last Report
4. FEI Number 65-0411930	Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Mailing Address 21 3191 S.W. CORAL WAY Suite, Apt. #, etc.	2a. Principal Place of Business 26 3191 S.W. CORAL WAY Suite, Apt. #, etc.
22 200 City & State	27 200 City & State
23 Miami FL Zip Country	28 Miami FL Zip Country
24 33145 25 DADE	29 33145 30 DADE

9. Name and Address of Current Registered Agent MESA JULIAN L 2937 SW 27 AVE SUITE 305 MIAMI FL 33133				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3191 S.W. CORAL WAY #200 83 84 City Miami FL 85 Zip Code 33145			
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11. Pursuant to the provisions of Sections 607 0502 and 607 1508 or Sections 617 0502 and 617 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 0506 or 617 0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and that of agent of corporation

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 94	
11 TITLE	P/S/T	11 TITLE	
12 NAME	MESA JULIAN L	12 NAME	
13 STREET ADDRESS	2937 SW 27 AVE #305	13 STREET ADDRESS	3191 S.W. CORAL WAY #200
14 CITY ST ZIP	MIAMI FL 33133	14 CITY ST ZIP	MIAMI FL 33145
21 TITLE		21 TITLE	
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that I am not liable for the corporation's failure to file this report as required by Chapter 129 or Chapter 132, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct 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 make this report as required by Chapter 129 or Chapter 132, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-17-94 (305)448-1362