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May 06, 1999 8:00 am  
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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P93000067075

1. Corporation Name  
FRANCISCO M. DUMENIGO, P.A.

Principal Place of Business

~~225 ALESIO AVE  
CORAL GABLES FL 33134~~

Mailing Address

~~225 ALESIO AVE  
CORAL GABLES FL 33134~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1993

2. Principal Place of Business

21 321 Alesio Avenue

2a. Mailing Address

26 321 Alesio Avenue

4. FEI Number

65-0455134

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 Coral Gables Fla.

City & State

28 Coral Gables Fla.

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

Zip 33134 Country USA

29

Zip 33134 Country USA

8. This corporation owes the current year intangible Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

DUMENIGO, FRANCISCO M ESQ  
~~225 ALESIO AVE  
CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

321 Alesio Avenue

83

84 City Coral Gables

FL

85 Zip Code 33134

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

*Francisco Dumenigo*

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST  DELETE  
NAME DUMENIGO, FRANCISCO M  
STREET ADDRESS ~~225 ALESIO AVE~~ 321 Alesio Avenue  
CITY-ST-ZIP CORAL GABLES FL 33134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS 321 Alesio Avenue  
1.4 CITY-ST-ZIP Coral Gables, Fla. 33134

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Francisco Dumenigo*

Date

Daytime Phone #

(305) 631-1332

CR2E034 (11/98)