

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jun 23 1998 8:00am**  
**Secretary of State**

|  |   |
|--|---|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1998</b> | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|

**DOCUMENT #** P93000081563  
 1. Corporation Name  
 Lizette Reboredo, P.A.

|  |  |
|--|--|
| Principal Place of Business<br>2831 S.W. 128 Ave.<br>Miami, Fl 33175 | Mailing Address<br>2831 SW 128 Ave.<br>Miami, Fl 33175 |
|--|--|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/29/93

|  |   |
|--|---|
| 2. Principal Place of Business<br>21 2831 SW 128 Ave.<br>Suite, Apt. #, etc. | 2a. Mailing Address<br>26 2831 SW 128 Ave.<br>Suite, Apt. #, etc. |
|--|---|

|   |  |
|---|--|
| 4. FEI Number<br>65-0452893                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |

|                                 |                                 |
|---------------------------------|---------------------------------|
| 22 City & State<br>23 Miami, FL | 27 City & State<br>28 Miami, FL |
|---------------------------------|---------------------------------|

|   |                             |
|---|-----------------------------|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|-----------------------------|

|                 |                      |                 |                      |
|-----------------|----------------------|-----------------|----------------------|
| 24 Zip<br>33175 | 25 Country<br>U.S.A. | 29 Zip<br>33175 | 30 Country<br>U.S.A. |
|-----------------|----------------------|-----------------|----------------------|

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

**9. Name and Address of Current Registered Agent**

Reboredo, Lizette  
 2831 SW 128 Ave.  
 Miami, Fl 33175

**10. Name and Address of New Registered Agent**

|   |                |
|---|----------------|
| 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

|                 |                                    |
|-----------------|------------------------------------|
| TITLE           | DP <input type="checkbox"/> DELETE |
| NAME            | Reboredo, Lizette                  |
| STREET ADDRESS  | 2831 SW 128 Ave                    |
| CITY - ST - ZIP | Miami, FL 33175                    |
| TITLE           | <input type="checkbox"/> DELETE    |
| NAME            |                                    |
| STREET ADDRESS  |                                    |
| CITY - ST - ZIP |                                    |
| TITLE           | <input type="checkbox"/> DELETE    |
| NAME            |                                    |
| STREET ADDRESS  |                                    |
| CITY - ST - ZIP |                                    |
| TITLE           | <input type="checkbox"/> DELETE    |
| NAME            |                                    |
| STREET ADDRESS  |                                    |
| CITY - ST - ZIP |                                    |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

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

**SIGNATURE:** Lizette Reboredo June 5, 1998 305-371-5588  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)

Lizette Reboredo, P.A.  
2831 S.W. 128 Ave.  
MIAMI, FL 33175

June 3, 1998

ANNUAL REPORT FILINGS  
DIVISION OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

**Re: Lizette Reboredo, P.A.**  
**FEI: 65-0452893**

To Whom It May Concern:

Enclosed please find Form CR2E034 and a check for \$150.00 covering filing fees. Please be advised that I never received this form because I moved and such form was never forwarded to me. My accountant recently informed me of such filing and prepared the form.

Due to the circumstances depicted above, I respectfully request an abatement of the penalty assessed for late filing. If you have any questions you can contact my accountant Susan Garcia at (305) 446-7313.

Thank you,



Lizette Reboredo