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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000087789

1. Corporation Name
FRANK L. LABRADOR, P.A.



Principal Place of Business	Mailing Address
300 ARAGON AVE 250 CORAL GABLES FL 33134 US	300 ARAGON AVE 250 CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 2600 DOUGLAS ROAD	26 2600 DOUGLAS ROAD	12/27/1993	65-0444842	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22 SUITE 501	27 Suite 501	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees	
23 CORAL GABLES FL	28 CORAL GABLES FL	Trust Fund Contribution	<input type="checkbox"/>	
Zip	Zip	8. This corporation owes the current year Intangible	Personal Property Tax.	
24 33134	29 33134	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Country	Country			
25 USA	30 USA			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
LABRADOR, FRANK L 300 ARAGON AVE. STE 250 CORAL GABLES FL 33134		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Suite 501 84 City Coral Gables FL FL 85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETER	1.1 TITLE	Change Addition
NAME	LABRADOR, FRANK L	1.2 NAME	
STREET ADDRESS	300 ARAGON AVE. 2600 Douglas Road	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134 SUITE 501	1.4 CITY-ST-ZIP	
TITLE	DELETER	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DELETER	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DELETER	4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETER	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETER	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Frank L. Labrador 1/21/99 305 4434850

CR2E034 (11/98)