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PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED

99 APR 20 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



AMENDED

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000088642

1. Corporation Name

SALVADOR VIZCARRA, P.A.

Principal Place of Business

90 EDGEWATER DR
APT 414
CORAL GABLES FL 33133
US

Mailing Address

90 EDGEWATER DR.
APT 414
CORAL GABLES FL 3313
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/09/1993

4. FEI Number

65-0457065

Applied For

Not Applicable

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

VIZCARRA, SALVADOR
90 EDGEWOOD DR., APT 414
CORAL GABLES FL 33133

81 Name

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

83 90 Edgewater Dr. Apt 414

84 City

Coral Gables

FL

85 Zip Code

33133

10. Name and Address of New Registered Agent

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

11/13/99

12. OFFICERS AND DIRECTORS

TITLE D
NAME VIZCARRA, SALVADOR
STREET ADDRESS 90 EDGEWATER DR. APT. 414
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE President, Secretary &
12 NAME Laura E. Vizcarra Treasurer
13 STREET ADDRESS 90 Edgewater Dr. Apt 414
14 CITY-ST-ZIP Coral Gables FL 33134

21 TITLE Secretary & Treasurer
22 NAME Salvador Vizcarra
23 STREET ADDRESS 90 Edgewater Dr. Apt 414
24 CITY-ST-ZIP Coral Gables FL 33133

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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

LAURA E. VIZCARRA

2/23/99 (30) 448-8863

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR