

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

APPROVED
AND
FILED

DFZ

1997 JUL 18 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000020724 (8)
1. Corporation Name
CARLOS M. TORNERO, P.A.



Principal Place of Business 28 W FLAGLER ST SUITE 600 MIAMI FL 33130 US	Mailing Address 28 W FLAGLER ST SUITE 600 MIAMI FL 33130 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date Incorporated or Qualified 03/14/1994	3a. Date of Last Report 08/12/1996
4. FEI Number 65-0491682	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**TORNERO, CARLOS M
28 W FLAGLER ST
SUITE 600
MIAMI FL 33130**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	TORNERO, CARLOS M	
STREET ADDRESS	28 W FLAGLER ST. 600	
CITY - ST - ZIP	MIAMI FL 33130	
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	500002247125--9
1.3 STREET ADDRESS	-07/24/97--01113--001
1.4 CITY - ST - ZIP	***165.00 ***165.00
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 checked="" 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 do 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: _____ **7/14/97 (25) 277-1952**

CR2E034 (4/97)

2012

LAW OFFICE OF
CARLOS M. TORNERO, P.A.
SUITE 600 - COURTHOUSE PLAZA
28 WEST FLAGLER STREET
MIAMI, FLORIDA 33130
TEL: (305) 377-1953
FAX: (305) 377-9002

July 14, 1997

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, Florida 32302-1500


Re: Annual Report for Carlos M. Tornero P.A.

Dear Sir or Madam:

Earlier today I received a correspondence from your office indicating that I had not filed my annual report for 1997. Please note that your office or the U.S. Post Office must have lost my annual report because I had promptly filed it before the deadline on behalf of my P.A. Moreover, your records should indicate that I did request that an annual report application be sent to my office as I had never received the pre-printed form in the mail. I requested an annual report form prior to the deadline. The application was sent with Check number 1356.

Enclosed please find Check number 1417 in the amount of \$165.00. If you have any questions or comments please contact me.

Regards,



Carlos M. Tornero, P.A.