

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUN 19 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000022408 (6)

1. Corporation Name
PEDRO J. FUENTES-CID, P.A.

Principal Place of Business Mailing Address
1988 N.E. 8TH ST. HOMESTEAD FL 33033 **1988 N.E. 8TH ST. HOMESTEAD FL 33033**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21. **2665 S. BAYSHORE DRIVE** 26. **2665 S. BAYSHORE DRIVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22. **201** 27. **201**
City & State City & State
23. **MIAMI, FLORIDA** 28. **MIAMI, FLORIDA**
Zip Country Zip Country
24. **33133** 25. **U.S.A.** 29. **33133** 30. **U.S.A.**

3. Date Incorporated or Qualified **03/23/1994** 3a. Date of Last Report
4. FEI Number Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contributor **\$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

FUENTES-CID, PEDRO J
1988 N.E. 8TH ST.
HOMESTEAD FL 33033

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 block or printed name of registered agent and the corporation

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
D	FUENTES-CID, PEDRO J	1988 N.E. 8TH ST.	HOMESTEAD FL 33033

13. ADDITIONS, CHANGES, DELETIONS, ETC. (SEE INSTRUCTIONS)

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
D	FUENTES-CID, PEDRO J.	2665 SOUTH BAYSHORE DRIVE, STE. 201	MIAMI, FL 33133

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***225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that I am an officer or director of the corporation or the registered agent, or an authorized representative, 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 registered agent, or an authorized representative, and that my signature shall have the same legal effect as if made under oath, and that I am an officer or director of the corporation or the registered agent, or an authorized representative, and that my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* 6/12/95 859-9627
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Initials

CR2ED034 (3/95)