

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

99 JAN 14 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000022408 (6)

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



REINSTATEMENT 98-99

Principal Place of Business: 2665 S BAYSHORE DRIVE 201 GRAND BAY PLAZA MIAMI FL 33133 US
Mailing Address: 2665 S. BAYSHORE DRIVE #201 MIAMI FL 33133

3. Date Incorporated or Qualified: 03/23/1994
4. FEI Number: 65-0594044
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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 3727 SW 8 ST, 22 106, 23 Coral Gables FL, 24 33134, 25 USA
2a. Mailing Address: 26 3727 SW 8 ST, 27 106, 28 Coral Gables FL, 29 33134, 30 USA

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] (NOTE Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE: D, NAME: FUENTES-CID, PEDRO J, STREET ADDRESS: 2665 SOUTH BAYSHORE DRIVE #201 MIAMI FL 33133
[Empty rows for other officers]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: PEDRO J. FUENTES-CID, 1.2 NAME: PEDRO J. FUENTES-CID, 1.3 STREET ADDRESS: 3727 SW 8 ST #106 Coral Gables FL 33134, 1.4 CITY-ST-ZIP: Coral Gables FL 33134
2.1 TITLE: Change y address, 2.2 NAME: Change y address, 2.3 STREET ADDRESS: Change y address, 2.4 CITY-ST-ZIP: Change y address
3.1 TITLE: Change, 3.2 NAME: Change, 3.3 STREET ADDRESS: Change, 3.4 CITY-ST-ZIP: Change
4.1 TITLE: Change, 4.2 NAME: 500002750915--2, 4.3 STREET ADDRESS: -01/22/99--01009--008, 4.4 CITY-ST-ZIP: ****900.00 ****900.00
5.1 TITLE: Change, 5.2 NAME: Change, 5.3 STREET ADDRESS: Change, 5.4 CITY-ST-ZIP: Change
6.1 TITLE: Change, 6.2 NAME: Change, 6.3 STREET ADDRESS: Change, 6.4 CITY-ST-ZIP: Change

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: [Signature] 12/5/97 (306)569-9292

CR2E034 (10/97)