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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:38

DOCUMENT # **P94000037167 (1)**

1. Corporation Name
A. JACQUELINE DEL CRISTO, P.A.

Principal Place of Business	Mailing Address
MUSEUM TOWER, SUITE 2100 150 W FLAGLER STREET MIAMI FL 33130	MUSEUM TOWER, SUITE 2100 150 W FLAGLER STREET MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 601 Brickell Key Drive
Suite, Apt. #, etc.
22: 1020
City & State
23: Miami, FL
Zip 24: 33131 County 25: Dade

2a. Mailing Address
26: 6415 S.W 23 st
Suite, Apt. #, etc.
27:
City & State
28: Miami, FL
Zip 29: 33155 County 30: Dade

4. FEI Number: [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. [ ] **$5.00** May Be Added to Fees

8. This corporation has [ ] Yes [X] No liability for corporate tax under s. 220.02 Florida Statutes

9. Name and Address of Current Registered Agent

DEL CRISTO, ANA J
MUSEUM TOWER, SUITE 2100
150 W FLAGLER STREET
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name: Ana Jacqueline del Cristo
82 Street Address (P.O. Box Number is Not Acceptable): 6415 S.W. 23 ST
83:
84 City: Miami FL 85 Zip Code: 33155

11. Pursuant to the provisions of Section(s) 607.0505 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] DATE: 6-26-95
(Typed or printed name of person signing) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. (Amendments, Additions, Deletions)	
TITLE	D	11 TITLE	D/P/SV/S [ ] Change [X] Addition
NAME	DEL CRISTO, ANA J	12 NAME	Del Cristo, Ana Jacqueline
STREET ADDRESS	6415 S.W. 23RD STREET	13 STREET ADDRESS	6415 S.W. 23 ST
CITY-ST-ZIP	MIAMI FL 33155	14 CITY-ST-ZIP	Miami, FL 33155
TITLE		21 TITLE	[ ] Change [ ] Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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 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 added by this amendment.

SIGNATURE: [signature] 6-24-95 (305) 264-1886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

000318 CP