

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

**95 MAY - 1 AM 9:23**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # P94000038508 (5)**  
1. Corporation Name  
**RAFAEL R. REY, D.C. AND ANTHONY DE LA CRUZ, D.C., P.A.**

Principal Place of Business      Mailing Address  
**415 HIALEAH DRIVE  
HIALEAH FL 33010**      **415 HIALEAH DRIVE  
HIALEAH FL 33010**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**05/23/1994**

3a. Date of Last Report

4. FEI Number  
**65-0494308**

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 In Fees**

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

**REY, RAFAEL R  
415 HIALEAH DRIVE  
HIALEAH FL 33010**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable)      (Typed Name of Registered Agent, signature required when registering)

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------|---|---|
| TITLE                      | <b>D</b>                 | 1. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| NAME                       | <b>REY, RAFAEL R</b>     | 2. NAME   |   |
| STREET ADDRESS             | <b>415 HIALEAH DRIVE</b> | 3. STREET ADDRESS                                     |   |
| CITY, ST, ZIP              | <b>HIALEAH FL 33010</b>  | 4. CITY, ST, ZIP                                      |   |
| TITLE                      |                          | 21. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| NAME                       |                          | 22. NAME  |   |
| STREET ADDRESS             |                          | 23. STREET ADDRESS                                    | <b>500001513465</b>   |
| CITY, ST, ZIP              |                          | 24. CITY, ST, ZIP                                     | <b>-06/15/95--01027--018</b>  |
| TITLE                      |                          | 31. TITLE   | <b>****200.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 32. NAME  |   |
| STREET ADDRESS             |                          | 33. STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                          | 34. CITY, ST, ZIP                                     |   |
| TITLE                      |                          | 41. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| NAME                       |                          | 42. NAME  |   |
| STREET ADDRESS             |                          | 43. STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                          | 44. CITY, ST, ZIP                                     |   |
| TITLE                      |                          | 51. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| NAME                       |                          | 52. NAME  |   |
| STREET ADDRESS             |                          | 53. STREET ADDRESS                                    | <b>5/1/95 M8</b>  |
| CITY, ST, ZIP              |                          | 54. CITY, ST, ZIP                                     |   |
| TITLE                      |                          | 61. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| NAME                       |                          | 62. NAME  |   |
| STREET ADDRESS             |                          | 63. STREET ADDRESS                                    | <b>REMITTED BY MAY 1</b>  |
| CITY, ST, ZIP              |                          | 64. CITY, ST, ZIP                                     |   |

14. I, the undersigned, 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 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 (where applicable) on an attachment with an address.

SIGNATURE:  DATE: **5/1/95**  
(Signature and typed or printed name of signing officer or director)      (Typed Name)