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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000042356**

1. Corporation Name

NICOLAS FINAZZO, P.A.

Principal	Place	of	Business
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FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90138 023 ***150.00



Principal Place of Business	Mailing Address					
13060 S.W. 70TH AVENUE 13060 S.W. 70TH AVENUE MIAMI FL 33156 MIAMI FL 33156			DO NOT WRITE IN THIS SF	PACE		
			3. Date Incorporated or Qualifed 05/30/1994			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
al .	26		65-0494532	Not Applicable		
Suite, Apt. #, etc.	Suite; Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 24 25	Zip Cor 29 30	untry	8. This corporation owes the current year Intangible Personal Property Tax.			
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Ag	jent / '		
FINAZZO, NICOLAS		81 Name 82 Street Address (P.O. Box Number is Not Acceptable)				
13060 S.W. 70TH AVENUE		Street Address (F.O. Box Number is Not Acceptable)				
MIAMI FL 33156		83				
		84 City	FL	85 Zip Code		
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation 	f Florida. Such change was authorize	d by the corporati	poration submits this statement for the purpose of chion's board of directors. I hereby accept the appointment	ranging its registered ment as registered		

office or re	to the provisions of Sections 607.0502 and 607.1508, Florida Statute egistered agent, or both, in the State of Florida. Such change was at m familiar with, and accept the obligations of, Section 607.0505, Flor	uthorized by the corpora	rporation submits this sta tion's board of directors.	i hereby accept the a	e of changing its popointment as rec	registered jistered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature requi	ired when reinstating)	DAT		
12,	OFFICERS AND DIRECTORS	13.		NGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	DP DELETE	1,1 TITLE			Change	☐ Addition
NAME	FINAZZO, NICOLAS	1.2 NAME				
	13060 S.W. 70TH AVENUE	1.3 STREET ADDRESS				
STREET ADDRESS	MIAMI FL					
CITY-ST-ZIP	V DELETE	1.4 CITY-ST-ZIP			Change	Addition
TITLE	•	2.1 TITLE			change	
NAME	ROSE ANN FINAZZO	2.2 NAME				
STREET ADDRESS	13060 SW 70 AVE	2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL	2. 4 CITY-ST-ZIP				
TITLE	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE			Change	Addition
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY+ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
CITY-ST-ZIP		6.4 CITY-ST-ZIP				

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 any attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)