

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

**FILED**

**Feb 24 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P94000044348 (8)**  
1. Corporation Name  
**MARILYN COLON, P.A.**



Principal Place of Business: 3001 PONCE DE LEON BLVD. SUITE 262 CORAL GABLES FL 33134  
Mailing Address: 3001 PONCE DE LEON BLVD. SUITE 262 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2424 CORAL WAY		26 2424 CORAL WAY		06/09/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 MIAMI FL		28 MIAMI, FL		65-0502773	
24 33145		29 MIAMI-DADE		30 MIAMI-DADE	
25 MIAMI-DADE		31 MIAMI-DADE		5. Certificate of Status Desired	
32 MIAMI-DADE		33 MIAMI-DADE		<input type="checkbox"/> \$8.75 Additional Fee Required	
34 MIAMI-DADE		35 MIAMI-DADE		6. Election Campaign Financing Trust Fund Contribution	
36 MIAMI-DADE		37 MIAMI-DADE		<input type="checkbox"/> \$5.00 May Be Added to Fees	
38 MIAMI-DADE		39 MIAMI-DADE		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
40 MIAMI-DADE		41 MIAMI-DADE		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COLON, MARILYN 3001 PONCE DE LEON BLVD. SUITE 262 CORAL GABLES FL 33134				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLON, MARILYN	1.2 NAME	
STREET ADDRESS	3001 PONCE DE LEON BLVD #262	1.3 STREET ADDRESS	3424 CORAL WAY
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	MIAMI, FL. 33145
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Marilyn Colon* 2-18-98

CR2E034 (10/97)