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Apr 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000045030 (1)

1. Corporation Name

ALEX J. CARDENAS, P.A.



Principal Place of Business

4800 N FED HWY
307D
BOCA RATON FL 33431
US

Mailing Address

4800 N FED HWY
307D
BOCA RATON FL 33431-5178
US

2. Principal Place of Business

21 4800 N. Federal Hwy

Suite, Apt. #, etc.

22 Suite 304-D

City & State

23 Boca Raton, FL

Zip

24 33431

Country

25 USA

2a. Mailing Address

26 4800 N. Federal Hwy

Suite, Apt. #, etc.

27 Suite 304-D

City & State

28 Boca Raton, FL

Zip

29 33431

Country

30 USA

3. Date Incorporated or Qualified

06/16/1994

3a. Date of Last Report

04/29/1996

4. FEI Number

65-0494752

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALEX J CARDENAS
4800 N FED HWY
307D
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

Alex J. Cardenas

82 Street Address (P.O. Box Number is Not Acceptable)

4800 N. Federal Hwy

83

Suite 304-D

84 City

Boca Raton

FL

85 Zip Code

33431

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: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CARDENAS, ALEX J
STREET ADDRESS 4800 N FED HWY STE 307 D
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME Alex J. Cardenas

1.3 STREET ADDRESS 4800 N. Federal Hwy, Ste 304-D

1.4 CITY-ST-ZIP Boca Raton, FL 33431

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/21/97 561-750-4600

CR2E034 (9/96)