

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sara B. Mathis
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000067015 (5)**

1. Corporation Name

A. FERNANDEZ & ASSOCIATES OF MIAMI, INC.



Principal Place of Business

**2032 SW 97TH CT.
MIAMI FL 33165**

Mailing Address

**2032 SW 97TH CT.
MIAMI FL 33165**

3. Date Incorporated or Qualified

09/13/1994

3a. Date of Last Report

05/01/1995

4. FE Number

65-0521013

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 to Fees

8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29

9. Name and Address of Current Registered Agent

**LOREDO, ANILYN
2032 SW 97TH CT.
MIAMI FL 33165**

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 Section 607.07(2) and 607.07(3)(b) 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 607.07(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LOREDO, ANILYN F	
STREET ADDRESS	4741 NW 97TH CT.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	

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)(b) Florida Statutes. I further certify that the information reported on this annual report or any other 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 or beneficial owner of the corporation or trust or partnership to be covered by this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 if changed, or on an amendment with an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anilyn F. Loreda
Anilyn F. Loreda

4-16-96

(305) 221-4915

CR2E034 (12/95)