SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON DR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000089697 (4)

PERNAP	NDU MERNANUEZ, P.A.					
Principal Place	of Business	Mailing Address			1 1031(100) 110 (013) 016(1 00)(6) 003)3 (18111 E018: 16118 18118 81118 1811 1981 1981
2600 DOUGLAS RD. 2600 DOUGLAS RD.						
PENTHOUSE 10 PENTHOUSE 10				DO NOT WOR	rg IN #1 110 00 4 0 F	
CORAL GABLES FL 33134 CORAL GABLES FL 33134			34		3. Date Incorporated or Qualified	E IN THIS SPACE 3a. Date of Last Report
00		00			12/12/1994	08/06/1996
9 Principal Pl	ace of Business	2a, Mailing Address			4. FEI Number	Applied For
21	000 01 20311003	26			65-0556469	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75 Additional
27					5. Certificate of Status Desired	Fee Required
City & State)	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has a	
24	25	29	30		Personal Property Tax due Jur 10. Name and Address of New F	
Lifer	9. Name and Address of Current	Hegistered Agent		81 Name	10. Name and Address of New P	legistered Agent
	RNANDEZ, FERNANDO			Ivalle		
	O DOUGLAS RD.		ſ	82 Street A	ddress (P.O. Box Number is Not Accept	able)
PENTHOUSE 10 CORAL GABLES FL 33134			}	B3		
00	NAL GABLES FL 33134			00		
				64 City		FL 85 Zip Code
11 Purcuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statu	les the ab	ove-named o	corporation submits this statement for the	purpose of changing its registered
office or re agent. I a	egistered agent, or both, in the State of mfamiliar with, and accept the obligations.	of Florida. Such change was tions of, Section 607.0505, F	authorized forida Stati	l by the corp utes.	corporation submits this statement for the oration's board of directors. I hereby acc	ept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	AVO	It's Designation	Amont cionatura	required when reinstating)	DATE
12.	OFFICERS AND		13,	w@ent signatore r		ICERS AND DIRECTORS IN 12
TITLE	PVST	DELETE	1,1 T(I	LĒ	44.45	Change Addition
NAME	HERNANDEZ, FERNANDO		1,2 NA	ME		
STREET ADDRESS	1730 PIZARRO ST.		1.3 ST	REET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL			Y-ST-ZIP		
TITLE		☐ DELETE	2.17(1	-		Change Addition
NAME			2.2 NA	ME		
STREET ADDRESS			2.3 ST	REET ADDRESS		s es
CITY-ST-ZIP			2. 4 CI	TY-ST-ZIP		
TITLE		DELETE	3.1 Tri	LE		Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	REET ADDRESS		
CITY-ST-ZIP			3.4. C	TY-ST-ZIP		
TITLE		☐ DELETE	4.1 TI	LE		Change Addition
NAME			4. 2 N	/ME		
STREET ADDRESS			4.3 ST	REFT ADDRESS		
CITY - ST - ZIP			4.4 CI	Y-ST-ZIP		
TITLE		DELETE	5.1 TIT	LE L		Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 ST	REET ADDRESS		
CITY-ST-ZIP		Decem		IY-ST-ZIP		Channe de distant
TITLE		☐ DELETE	6.1 111			Change Addition
NAME			6.2 NA			
STREET ADDRESS			6.3 ST	reet address		į

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 that my signature shall have the same legal effect as if made under ooth; 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. 11,00 (SXC/11/2,000/

FILED

Sep 19 1997 8:00am

Secretary of State