SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.

AMOUNT DUE ON OR BEFORE 9/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

'PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Saridra B. Mortham
Secretary of State*

P9500003617 (4)

DOCUMENT # P9500

FILED

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SECRETARY OF STATE
TAILAHASSEE, FLORIDA

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""""	DO GARCIA, D.M.D., P./	4.					1818 0 1118 WHELTHER SERVICE	
		A4-W A4						
Principal Placi	e of Business	Mailing Address						
9757 NW 41	STREET	9757 NW 41 STREET	Ī					
MIAMI FL 33	178	MIAM! FL 33178				DEINICTATEMEN	IT U	
							ale of Last Report	
						01/13/1995	·	
2 Principal P	Place of Business	2a. Mailing Address				4 EEI Number	Applied For	
	DICE OF DESIRESS	26				65-056168	Not Applicable	
Suite, Apt.	# otc	Suite, Apt. #, etc.					\$8.75 Additional	
22	n, Glo.	27				5. Certificate of Status Desired	Fee Required	
City & Stat	n	City & State				6. Election Campaign Financing	\$5.00 May Be	
23	.0	28	, -			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip		ountry		8. This corporation has liability for intangit		
24	25	29	30	y		Florida Statutes Yes	No	
24	9. Name and Address of C		30			10. Name and Address of New Registere		
		artent ricgiatored Agent		81 Na	De	10. Hallo allo Addidos di Itali liogistaro		
1	ernandez, lillian l							
	15 NW 35 AVE			82 Str	e' Addre	Address (P.O. Box Number is Not Acceptable)		
, Mi	IAMI FL 33125			100				
				83				
				84 City	,		85 Zip Code	
				1 1 '		F	'L	
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florida Str	tules, the	msn-evods	ed corpo	ration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing its registered	
office or i	registered agent, or both, in the t am familiar with, and abdapt the (state of Florida, Such change wi obligations of Section 607.0505	as admonizi . Florida St	eo by ine c atutes.	orporation	rs board or directors. Thereby accept the ap	Dominieni as registered	
	Jolian Vinne	นเดิร	•			п147	96	
SIGNATURE	Signature, typed or prittigal ripine of register	red agent and the if applicable.	(NOTE: Registr	ored Agent sign	ature required	t when reinstating) DATE		
12.	OFFICER	S AND DIRECTORS	13	3.	-	, ADDITIONS/CHANGES TO OFFICERS A	ND DIDECTORS IN 10.	
TITLE						ADDITIONS/CHANGES TO OFFICERS A		
		DELETE		TITLE	TP	S	Change Addition	
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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)(8); Florida Statutes, the 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapped, or open attachment with an address.

SIGNATURE

GRATURE AND TYPED OR PRINTED HAYS OF BIGHING OFFICER OR DIRECTOR

9.13.9

(305) 477-76 Depleme Prone