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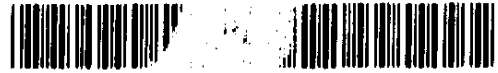
PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000003849 (3)

1. Corporation Name
SILVIA M. ALMEIDA, L.M.F.T., P.A.



Principal Place of Business
1550 MADRUGA AVE
SUITE 405
CORAL GABLES FL 33146

Mailing Address
1550 MADRUGA AVE
SUITE 405
CORAL GABLES FL 33146-3019

3. Date Incorporated or Qualified: 01/13/1995
3a. Date of Last Report: 09/23/1996

2. Principal Place of Business
21 10661 No Kendall Dr
22 Suite, Apt. #, etc. SUITE 206 A
23 miami
24 City & State: Florida
25 Zip: 33176
26 Country: USA

2a. Mailing Address
26 10661 No Kendall Dr
27 Suite, Apt. #, etc. #206 A
28 City & State: Miami FL
29 Zip: 33176
30 Country: USA

4. FEI Number: 65-0551294
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. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
ALMEIDA, SILVIA M
1550 MADRUGA AVE
SUITE 405
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: *Silvia M. Almeida* DATE: 2/28/97

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox. Row 1: ALMEIDA, SILVIA M, 1550 MADRUGA AVE #405, CORAL GABLES FL 33146.

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a CHANGE/ADDITION checkbox. Row 1: 10661 No Kendall Dr # 206 A, Miami Fla. 33176-1550.

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: *Silvia M. Almeida* DATE: 2/28/97 DAYTIME PHONE #: 3056627818

CR2E034 (9/96)