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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P95000032503 (1)

FELIX M. CACERES, P.A.

Principal Place of Business Mailing Address					1 (401,00) (40 10,01 04)(4 65)(1 044)(6			160 (41) 1801
1035 S.W. 87TH AVENUE 1035 S.W. 87TH AVENUE								
MIAMI FL 33174 MIAMI FL 33174					DO NOT WRITE IN THIS SPACE			
ļ					3. Date Incorporated or Qualified			·
ľ					04/25/1995			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26			65-0575092		No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional
Cib. 8 State		27]					Fee Re	equired
City & State		·	City & State		6. Election Campaign Financing		\$5.00	
Zip	Country	28	Country		Trust Fund Contribution		Added t	
24	25	├ ─, '	30	,	This corporation owes or has p Personal Property Tax due Jun	_		anofole No
		Current Registered Agent	зо тТ		10. Name and Address of New R			
C	ACERES, FELIX M		81	Name		···		
1035 S.W. 87TH AVENUE			82 Street Ad		Iress (P.O. Box Number is Not Accepta	hle)		
MIAMI FL 33174					Too (1.0. Box volide) is the mosepha		•••	
j			63					
			84	City	·····	FL	5 Zip (Code
	to the provisions of Sections 6	(07 0502 and 607 1508 Florida Statuta						
office or i agent. I a SIGNATURE	registered agent, or both, in the am familiar with, and accept the	e State of Florida. Such change was a c obligations of, Section 607.0505, Flo	uthorized b rida Statute	y the corpora s.	poration submits this statement for the ation's board of directors. I hereby acce	pt the appoint	anging it	registered
office or i agent. I a SIGNATURE	registered agent, or both, in the am familiar with, and accept the Signature, typed or printed name of regis	e State of Florida. Such change was a c obligations of, Section 607.0505, Flo	uthorized b rida Statute	y the corpora s.	ition's board of directors. I hereby acce	pt the appoint	ment as	registered
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14. Thereby 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 or an attach the middless.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

4/29/98

Change

Addition

FILED

May 13 1998 8:00am

Secretary of State