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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

P95000042258 (0)

DOCUMENT #  1. Corporation Name		P95000042258				
JUAN CARLOS	RERN	MIDET & ASSOCIATES DA				

Principal Place	of Business	Mailing Address				( 1801/084 (18 (BEN) BIST BREIN BA	ist datil dasil di	#10 11010 11	.001 6110) (01) (00)
2150 CORAL SUITE 7-A MIAMI FL 33		2150 CORAL WAY SUITE 7-A MIAMI FL 33145							
5			118*1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			3. Date incorporated or Qualified 05/31/1995	3a. Date	of Last	Report
2. Principal Pla		2a. Mailing Address 26				4. FEt Number 65-0587875			Applied For Not Applicable
Suite, Apt. #	r, etc.	Suite, Apl. #, etc.				5. Certificate of Status Desired		•	5 Additional Required
City & State		City & State				Election Campaign Financing     Trust Fund Contribution			00 May Be ed to Fees
Zip 24	Country 25	Ζφ [ <b>29</b> ]	Count 30	ry			s 🗌 No		3 199.032,
	g. Name and Address of Cu	rrent Registered Agent		': т :		10. Name and Address of New I	Registered	Agent	
			8	11	Name				
2150 CC	DEZ, JUAN C DRAL WAY		8	2	Street Addr	ess (P.O. Box Number is Not Accepta	ole)		
SUITE 7			8	3					
MIAMI F	L 33145		8	4	City			<b>85</b> Z	ip Code
11. Pursuant to	the provisions of Sections 607 (	502 and 807 1508 Florida Statu	toe the above		aniod career	ation submits this statement for the pu	FL	<u></u> _	
Or rogistore	ed agent, or both, in the State of F n, and accept the obligations of, S	iuliua. Such charge was aumon	zea by the co	roc	arried corpora oration's boar	ation submits this statement for the pu d of directors. I hereby accept the app	irpose of cha pointruent as	inging its registere	registered office d agent. I am
TEN TIMEN WATER	it and accept the obligations of a	section 607.0505, Florida Statute	·S.						
SIGNATURE _	Signature ityosof or printed name of registered a	gont and life if epplicable (N	Oit. Registered As	 gent	signature required	l when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF		DIRECT	ORS IN 12
TITLE	D	DELETE	1. 1 THTL	F		-		] Change	
NAME	BERMUDEZ, JUAN C		12 NAM	E					
STREET ADDRESS	2150 CORAL WAY		1.3 STRE	E [ #	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33145	A-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	1.4 CITY	-SI	- ZIP				
TITLE		DELETE	2 1 THL	E				Change	Addition
NAME			2.2 NAM	E			•		
STREET ADDRESS			2 3 STRE	ET A	ADDRESS				
CITY - ST - ZIP			2 4 CITY	-SI	-ZIP				
TITLE		DELETE	3. 1 TITL					Change	☐ Addition
NAME			3 2 NAM						
STREET ADDRESS			3.3 STR	ET A	ADDRESS				
CITY-ST-ZIP TITLE		(T) DOLDE	3.4 CITY		- ZIP				
NAME		[] DELETE	4. 1 TITL					Change	Addition
STREET ADDRESS			4.2 NAMI						
CITY-ST-ZIP					ADDRESS				
TITLE		DELETE	44 CITY	_	· ZIP				
NAME		□ nerre	5 1 1111					] Change	Addition
STREET ADDRESS			5.2 NAMI						
CITY-SI-ZIP			5 3 STRE						
TITLE	· · · · · · · · · · · · · · · · · · ·	[ ] DELETE	5.4 CITY-		- ZH²		·	7.0	F-1
NAME			6 1 71711				L	] Change	Addition
STREET ADORESS			6.2 NAME		IDDOCCO.				
CITY-ST-ZIP			6.3 STRE		1				

6 4 CITY- SI- ZIP

14. I do'nereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 logal effect as if made under eath; that I am an officer or director of this 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:

JUNICA RLOS BERMURZ

JUNICA RLOS BERMURZ

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