

FILE NOW: FILING FEE AFTER MAY 1ST IS: \$550.00

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90126 048 ***150.00



PROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000042258

1. Corporation Name
JUAN CARLOS BERMUDEZ, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 2150 CORAL WAY
 SUITE 7-A
 MIAMI FL 33145

Mailing Address
 2150 CORAL WAY
 SUITE 7-A
 MIAMI FL 33145

3. Date Incorporated or Qualified
05/31/1995

2. Principal Place of Business
 21 2701 Ponce De Leon Blvd.
 Suite, Apt. #, etc.
 22 Mezzanine Level
 City & State
 23 CORAL GABLES, FL.
 Zip
 24 33134 Country
 25 USA

2a. Mailing Address
 26 2701 Ponce De Leon Blvd.
 Suite, Apt. #, etc.
 27 Mezzanine Level
 City & State
 28 CORAL GABLES, FL.
 Zip
 29 33134 Country
 30 USA

4. FEI Number
65-0587825

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
 BERMUDEZ, JUAN C
 2150 CORAL WAY
 SUITE 7-A
 MIAMI FL 33145

10. Name and Address of New Registered Agent
 81 Name **JUAN CARLOS BERMUDEZ**
 82 Street Address (P.O. Box Number is Not Acceptable)
2701 Ponce De Leon Blvd.
 83 **MEZZANINE LEVEL**
 84 City **CORAL GABLES** FL 85 Zip Code **33134**

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 **JUAN CARLOS BERMUDEZ** DATE **4/24/99**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	D BERMUDEZ, JUAN C
STREET ADDRESS	2150 CORAL WAY
CITY-STATE-ZIP	MIAMI FL 33145
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2701 Ponce De Leon Blvd. - Mezzanine Level
1.4 CITY-STATE-ZIP	CORAL GABLES, FL. 33134
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: **J. C. D.** DATE: **4/24/99** DAYTIME PHONE #: **(305) 567-1099**

CR2E034 (11/98)