

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 15, 1999 8:00 am**  
**Secretary of State**  
 09-15-1999 90003 011 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P95000054803**

Corporation Name  
**ALBERT R. IGLESIAS, DVM, P.A.**



Principal Place of Business	Mailing Address
SELDON L. ZIPKIN, P.A. NORTHEAST 163RD STREET N MIAMI BEACH FL 33162	% SHELDON L. ZIPKIN, P.A. 2020 NORTHEAST 163RD STREET NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/14/1995</b>	
4. FEI Number <b>65-0650044</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business	2a. Mailing Address
26	<b>9701 SW 96 Ct.</b>
Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
27	
City & State	28. City & State
28	<b>Miami FL</b>
Zip	Country
25	29. <b>33176</b> 30. <b>U.S.A.</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ZIPLEIN, SHELDON E 2020 NE 163RD ST STE 300 N MIAMI BEACH FL 33162		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	85. Zip Code
		<b>FL</b>	

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
DELETES	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1. NAME	<b>D IGLESIAS, ALBERT R</b>	1.2 NAME			
2. STREET ADDRESS	<b>% 2020 NORTHEAST 163RD STREET</b>	1.3 STREET ADDRESS			
3. CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33162</b>	1.4 CITY-ST-ZIP			
DELETES	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2. NAME		2.2 NAME			
3. STREET ADDRESS		2.3 STREET ADDRESS			
4. CITY-ST-ZIP		2.4 CITY-ST-ZIP			
DELETES	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME		3.2 NAME			
3.3 STREET ADDRESS		3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP			
DELETES	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME		4.2 NAME			
4.3 STREET ADDRESS		4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP			
DELETES	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME		5.2 NAME			
5.3 STREET ADDRESS		5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP			
DELETES	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME		6.2 NAME			
6.3 STREET ADDRESS		6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP			

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.

SIGNATURE: **Albert R Iglesias** 9-9-99 305-553-4464

CR2E034 (5/99)