

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000059218 (4)**

1. Corporation Name  
**MARTHA F. DIAZ, P.A.**



Principal Place of Business  
**7400 SOUTHWEST 140TH TERRACE  
MIAMI FL 33158**

Mailing Address  
**7400 SOUTHWEST 140TH TERRACE  
MIAMI FL 33158**

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date Incorporated or Qualified	3a. Date of Last Report
	<b>07/31/1995</b>
4. FEI Number	Applied For
<b>65-0599149</b>	Not Applicable
5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**DIAZ, MARTHA  
7400 S.W. 140 TERRACE  
MIAMI FL 33158**

81. Name	
82. Street Address (P.O. Box Number if Not Applicable)	
83. City	
84. State	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0902 and 607.1509, 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 607.0902, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent of Change

Date

12. OFFICERS AND DIRECTORS	
1. TITLE	[ ] DELETE
2. NAME	<b>PSTD DIAZ, MARTHA</b>
3. STREET ADDRESS	<b>7400 SOUTHWEST 140TH TERRACE</b>
4. CITY, ST, ZIP	<b>MIAMI FL 33158</b>
5. TITLE	[ ] DELETE
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	[ ] DELETE
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	[ ] DELETE
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	[ ] Change [ ] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	[ ] Change [ ] Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	[ ] Change [ ] Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	[ ] Change [ ] Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	[ ] Change [ ] Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that it is not guilty for the exemption statute in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 register or business agent and I am making the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on a mailing list with an officer.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96 (305) 235-3019

CR2E034 (12/95)