

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000064450 (6)

1. Corporation Name
LOURDES NUNEZ, P.A.



Principal Place of Business Mailing Address
2100 CORAL WAY SUITE 601 MIAMI FL 33145 **2100 CORAL WAY SUITE 601 MIAMI FL 33145**

2. Principal Place of Business 2a. Mailing Address
 21 **701 NW 57 Avenue** 26 **9347 SW 145 Place**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **Suite 200** 27
 City & State City & State
 23 **Miami, Florida** 28 **Miami, Florida**
 Zip Country Zip Country
 24 **33126** 25 **Dade** 29 **33186** 30 **Dade**

3. Date Incorporated or Qualified **08/21/1995** 3a. Date of Last Report
 4. FEI Number **65-0602667** Applied for Not Applicable
 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
NUNEZ, LOURDES **701 NW 57 Avenue**
2100 CORAL WAY SUITE 601 MIAMI FL 33145 **Suite 200**
Miami, Florida, 33126 **Miami, Florida, 33126**
 81 Name **Nunez, Lourdes**
 82 Street Address (P.O. Box Number is Not Acceptable) **701 NW 57 Avenue,**
 83 **Suite 200**
 84 City **Miami** FL 85 Zip Code **33126**

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 *Lourdes Nunez* **Lourdes Nunez** **6-11-96**
Signature typed or printed name of registered agent and firm if applicable. (NOTE: If a licensed Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	NUNEZ, LOURDES
STREET ADDRESS	2100 CORAL WAY SUITE 601
CITY-ST-ZIP	MIAMI FL 33145
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Nunez, Lourdes
13 STREET ADDRESS	701 NW 57 Ave., Suite 200
14 CITY-ST-ZIP	Miami, Florida 33126
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	900001910949
63 STREET ADDRESS	-08/01/96--01061--027
64 CITY-ST-ZIP	***225.00

14. I do hereby 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.
 SIGNATURE: *Lourdes Nunez* **Lourdes Nunez** **6-11-96** **305-263-9830**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE OF PRINTING

CR2E034 (3/96)