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FILED

Feb 20 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000068555 (8)

1. Corporation Name  
EDUARDO L. DOMINGUEZ, P.A.

Principal Place of Business  
7845 SW 103RD PLACE  
MIAMI FL 33173

Mailing Address  
7845 SW 103RD PLACE  
MIAMI FL 33173-2928



3. Date Incorporated or Qualified  
09/06/1995

3a. Date of Last Report  
06/28/1996

2. Principal Place of Business

21 7845 SW 103 PL

Suite, Apt. #, etc.

22 City & State  
MIAMI, FLORIDA

Zip

24 33173

Country

25 USA

2a. Mailing Address

26 7845 SW 103 PL

Suite, Apt. #, etc.

27 City & State  
MIAMI, FLORIDA

Zip

29 33173

Country

30 USA

4. FEI Number

APPLIED FOR 65-0700082

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

LOPEZ-GARCIA, JORGE L  
777 BRICKELL AVENUE, SUITE 950  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME DOMINGUEZ, EDUARDO L  
STREET ADDRESS 7845 SW 103RD PLACE  
CITY-ST-ZIP MIAMI FL 33173

☐ DELETE

TITLE T  
NAME DOMINGUEZ, SANDRA  
STREET ADDRESS 7845 SW 103RD PLACE  
CITY-ST-ZIP MIAMI FL 33173

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/P/D  
1.2 NAME DOMINGUEZ, EDUARDO L.  
1.3 STREET ADDRESS 7845 SW 103RD PLACE  
1.4 CITY-ST-ZIP MIAMI, FL 33173

☒ Change

☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/97

Daytime Phone #

5982276521

0234982

CR2E034 (9/96)