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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State Katherine Harris Secretary of State

05-06-1999 90045 013 ***150.00

DOCUMENT #	P950000739	12
1. Cornoration Name		• —

JACQUELINE R. HERNANDEZ-VALDES, P.A.

Principal Place	of Business	Mailing Address							
9300 S DADELA	AND BLVD	9300 S DADELAND BLVD							
STE 500 MIAMI FL 33156	STE 500					DO NOT WRITE IN T	HS SPA	CE	
US	FL 33156 MIAMI FL 33156 US				3. Date Incorporated or Qualifed				
		J.				09/22/1995			1
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26				65-0614900		No	t Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	•		Additional
22		27				5. Certificate of States Desired		Fee Re	
City & State	e	City & State				6. Election Campaign Financing	•		May Be
23	0	28	C			Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	$\overline{}$	intry		This corporation owes the current year Personal Property Tax.	Intangib		☑No I
24	9. Name and Address of Current	<u> </u>	30			10. Name and Address of New Register			
	3. Name and Address of Current	registered Agent		81	Name	To: Halle dive A			
HERN	nandez-valdes, Jacqueline R								
9300	S DADELAND BLVD			82	Street Add	Iress (P.O. Box Number is Not Acceptable)			
STE				83					
MIAN	Al FL 33156				0.4.		0.5	Zip (`oda
1411/-114				84	City	F	EL 85	Zip	Jode
							-1-1	-1 :1-	
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of in familiar with, and accept the obligation	f Florida. Such change was a	uthorized	i by t	the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	ot chan pointmei	ging its nt as re	registered gistered
11. Pursuant t office or re agent. I an	egistered agent, or both, in the State of n familiar with, and accept the obligation	f Florida. Such change was a ons of, Section 607.0505, Flor	uthorized rida Stati	d by t utes.	the corporati	ion's board of directors. I hereby accept the ap	pointmei	ging its nt as re	registered gistered
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR

670-0898

■.::.