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**Sep 16 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000080239 (3)
1. Corporation Name
RODOLFO SUAREZ, P.A.



Principal Place of Business: 10001 S.W. 20TH STREET MIAMI FL 33165
Mailing Address: 10001 S.W. 20TH STREET MIAMI FL 33165-7401

2. Principal Place of Business: 21 2601 S. BAYSHORE DRIVE, Suite, Apt. #, etc. 22 1100, City & State 23 MIAMI, FLORIDA, Zip 24 33133, Country 25
2a. Mailing Address: 26 2601 S. BAYSHORE DRIVE, Suite, Apt. #, etc. 27 1100, City & State 28 MIAMI, FL, Zip 29 33133, Country 30

3. Date Incorporated or Qualified: 10/18/1995
3a. Date of Last Report: 04/23/1996
4. FEI Number: 65-0648824, Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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
SUAREZ, RODOLFO
10001 S.W. 20TH STREET
MIAMI FL 33165

10. Name and Address of New Registered Agent
81 Name: RODOLFO SUAREZ
82 Street Address (P.O. Box Number is Not Acceptable): 2601 S. BAYSHORE DRIVE
83 SUITE 1100
84 City: MIAMI, State: FL, 85 Zip Code: 33133

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 607.0502, Florida Statutes.

SIGNATURE: RODOLFO SUAREZ (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 9/8/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SUAREZ, RODOLFO	
STREET ADDRESS	10001 S.W. 20TH ST.	
CITY-ST-ZIP	MIAMI FL 33165	
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

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SUAREZ, RODOLFO	
1.3 STREET ADDRESS	3810 ALHAMBRA CIRCLE	
1.4 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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RAW 9-15-97

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 supplementary 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, unchanged or as an attachment with an address.

CR2E034 (9/96)