

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000088249 (4)**

1. Corporation Name
ANTHONY SOTO, P.A.



Principal Place of Business
12755 S.W. 110 TERRACE MIAMI FL 33186

2. Principal Place of Business
21 **3971 SW 8 ST.**
22 **#306**
23 **MIAMI, FL.**
24 **33143** 25 **USA**

3. Date Incorporated or Qualified **11/14/1995**
3a. Date of Last Report
4. FEI Number **65-0626207**
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
**SOTO, ANTHONY
12755 S.W. 110 TERRACE
MIAMI FL 33186**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 609.01 through 609.04, Florida Statutes, I do hereby certify that the above named corporation is a corporation organized under the laws of the State of Florida and for the purpose of changing its registered office, former name, and accept the appointment of, Section 609.01 through 609.04, Florida Statutes.

SIGNATURE
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETED
NAME	SOTO, ANTHONY	
STREET ADDRESS	12755 S.W. 110 TERRACE	
CITY-STATE-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 STREET ADDRESS	
16 CITY-STATE-ZIP	
17 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 STREET ADDRESS	
19 CITY-STATE-ZIP	
20 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 STREET ADDRESS	
22 CITY-STATE-ZIP	
23 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 STREET ADDRESS	
25 CITY-STATE-ZIP	
26 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 STREET ADDRESS	
28 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is valid and true, and that I was not denied the exemption stated in Section 119.073(3), Florida Statutes. I further certify that the information included on this form is true and correct to the best of my knowledge and belief, 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 maker of or transferor of property of the corporation, and that my name appears in Block 12 or Block 13 of this report as required by Chapter 607, Florida Statutes, and that my name is

SIGNATURE: *Anthony Soto* / **ANTHONY SOTO** 4-5-96 (305) 442-4004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)