

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**

2a. Mailing Address
26
27
28
29

3. Date Incorporated or Qualified **11/14/1995** 3a. Date of Last Report
4. FEI Number **65-0626207** 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
**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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 609.01 through 609.04, Florida Statutes, the above named corporation is submitting statements 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 provisions of Sections 609.01 through 609.04, Florida Statutes.

SIGNATURE
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

13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 STREET ADDRESS	
13.3 CITY-STATE-ZIP	
13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 STREET ADDRESS	
13.6 CITY-STATE-ZIP	
13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 STREET ADDRESS	
13.9 CITY-STATE-ZIP	
13.10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is valid and true, and that it was not done for the exemption stated in Section 119.073(3), Florida Statutes. I further certify that the information related to this filing is not for a sole proprietorship, partnership, or trust, 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, and that I am not a partner, partner, or trustee, employee, or agent of the corporation. This report is prepared under Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE: *Anthony Soto* / **ANTHONY SOTO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96 (305)442-4004

CR2E034 (12/95)