

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Apr 28 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 # P95000097774 (0)

1. Corporation Name
MANUEL A. AVILA & ASSOCIATES, P.A.



Principal Place of Business: **2250 SW 3RD AVE. 3TH FLOOR MIAMI FL 33129**
Mailing Address: **2250 SW 3RD AVE. 3TH FLOOR MIAMI FL 33129-2045**

3. Date Incorporated or Qualified 12/27/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0658392	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. 2250 S.W. Third Ave.	26. 2250 S.W. Third Ave.
22. 3rd Floor	27. 3rd Floor
23. Miami, FL	28. Miami, FL
24. 33129	29. 33129
25. USA	30. USA

9. Name and Address of Current Registered Agent AVILA, MANUEL A ESQ 2250 SW 3RD AVE, 5TH FLOOR MIAMI FL 33129	10. Name and Address of New Registered Agent
B1 Name Manuel A. Avila, Esq.	B2 Street Address (P.O. Box Number is Not Acceptable) 2250 S.W. Third Ave.
B3 3rd Floor	B4 City Miami
B5 Zip Code 33129	

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: *Manuel A. Avila* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE XX Change <input type="checkbox"/> Addition	
NAME AVILA, MANUEL A ESQ		1.2 NAME Manuel A. Avila, Esq.	
STREET ADDRESS 2250 SW 3RD AVE. 3TH FLOOR		1.3 STREET ADDRESS 2250 S.W. Third Ave., 3rd Floor	
CITY-ST-ZIP MIAMI FL 33129		1.4 CITY-ST-ZIP Miami, FL 33129	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Manuel A. Avila* **April 21, 1997** (305) 856-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

E034 (9/96)