

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P 950000 97 774

1. Corporation Name
Manuel A. Avila & Assoc. P.A.

Principal Place of Business Mailing Address
8306 Mills Dr. 8306 Mills Dr.
Box 621 Box 621
Miami, FL 33183 Miami, FL 33183

2. Principal Place of Business 2a. Mailing Address
21 8306 Mills Dr. 26 8306 Mills Dr.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Box 621 27 Box 621
City & State City & State
23 Miami, FL 33183 28 Miami, FL
Zip Country Zip Country
24 33183 25 USA 29 33183 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report
12/27/95 1996
4. FEI Number Applied
65-0658392 Not App
5. Certificate of Status Desired \$8.75 Additk
Fee Required
6. Election Campaign Financing - \$5.00 May I
Trust Fund Contribution Added to Fee
8. This corporation has liability for intangible tax under s. 199.
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
AVILA, MANUEL A ESQ
2250 SOUTHWEST THIRD AVENUE
FIFTH FLOOR
MIAMI FL 33129

10. Name and Address of New Registered Agent
81 Name Manuel A. Avila, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
Suite 4750
83 200 South Biscayne Blvd.
84 City Miami FL 85 Zip Code 33131

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 regi 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE *Manuel A. Avila* *Manuel A. Avila* DATE 9/27/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE) Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	President	1.2 NAME	
STREET ADDRESS	Manuel A. Avila	1.3 STREET ADDRESS	
CITY-ST-ZIP	Suite 4750, 200 South Biscayne Blvd	1.4 CITY-ST-ZIP	
	Miami, FL 33131	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE	<input type="checkbox"/> DELETE	2.2 NAME	
NAME		2.3 STREET ADDRESS	900002690769--2
STREET ADDRESS		2.4 CITY-ST-ZIP	-11/18/98--01071--010
CITY-ST-ZIP			***150.00 ***150.00
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
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"/>
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"/>
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"/>
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 o 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*

SHAPO, FREEDMAN & BLOOM, P.A.

FIRST UNION FINANCIAL CENTER
SUITE 4750
200 SOUTH BISCAYNE BOULEVARD
MIAMI, FLORIDA 33131

(305) 358-4440

FACSIMILE NO.
(305) 358-0521

MANUEL A. AVILA

November 10, 1998

Division of Corporations
Florida Department of State
ATTN: REINSTATEMENT SECTION
P.O. Box 6327
Tallahassee, FL 32314

Re: **MANUEL A. AVILA & ASSOCIATES, P.A.**
Ref: **P95000097774**

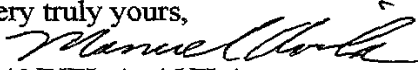
Dear Reinstatement Section:

In reference to the above-described professional association ("P.A."), this correspondence is to request your assistance in reinstating Manuel A. Avila & Associates, P.A. Enclosed please find correspondence from the Florida Department of State dated June 4, 1998, which returned my payment in the amount of \$150 and my 1997 Annual Report due to the missing street address in Box 12 of the Annual Report. Unfortunately, the Department's June 4th correspondence was not brought to my attention until November 2, 1998. I moved from my prior business address at 2250 S.W. Third Avenue, Third Floor, Miami, Florida, and for some unexplained reason, the Department's mail which was sent to my temporary post office box was either not picked up or delivered to me until now.

Upon learning that my P.A. was administratively dissolved, I immediately called your Department and was kindly advised to resubmit the 1997 Annual Report, corrected with my mailing address included this time in Box 12, along with payment in the amount of \$150 in the form of a cashier's check.

Enclosed please find the corrected Annual Report form and a cashier's check in the amount of \$150.00. I would be very appreciative if you could assist me in correcting this matter so that my P.A. will again be in good standing. My telephone number is (305)358-4440. I thank you for your help in this matter. A self-addressed, stamped envelope, is provided for your convenience in returning to me your acknowledgment of this reinstatement.

Very truly yours,


MANUEL A. AVILA

Enclosures