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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600002300 (7)

ADRIANO R. GONZALEZ, P.A.

Principal Place of Business Mailing Address

FILED
Apr 30 1997 8:00am
Secretary of State

10014 8 FEDERAL HWY PORT 8T LUCIE FL 34952									
					3. Date Incorporated or Qualified 01/09/1996	3a. Dai	e of Last F	eport	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		————	oplied For		
21		26 POST OFFICE BOX 7095			APPLIED FOR	 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State 23		City & State 28 PORT ST.	wei	E FL	Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip 24	Country 25	28 PORT ST.	Country 30 シア	Lucie	8. This corporation has liability for i		ax under s No	. 199.032,	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered A	gent		
	izalez, adriano r		81	Name	$\sim 1/B$				
	4 8 FEDERAL HWY		82 Street Addre		ess (P.O. Box Number is Not Acceptab	le)			
POR	IT ST LUCIE FL 34952		83						
			83						
			84	City		FI	85 Zip	Code	
11. Pureupot	to the provisions of Soctions 607 05	02 and 607 1508 Florida Statute	es the abou	e-named corpo	pration submits this statement for the p	umase of	Changing i	le renielered	
office or r agent. I a SiGNATURE	egistered agent, or both, in the Stall im familiar with, and accept the oblig	e of Florida. Such change was a gations of, Section 607.0505, Flo	authorized b orida Statute	y the corporations.	on's board of directors. I hereby accep	of the appo	as ntment	registered	
	Signature, typed or printed name of registered ag			on per orularga Inc		DATE			
12.	OFFICERS AN	ND DIRECTORS DELETE	13.	<u>-</u>	ADDITIONS/CHANGES TO OFFIC		DIRECTOR Change	RS IN 12	
NAME	GONZALEZ, ADRIANO R	L DELL'IC	1.2 NAME				change	Addition	
STREET ADDRESS	10014 S FEDERAL HWY			ADDRESS					
CITY-ST-ZIP	PORT ST LUCIE FL 34952		14 CITY-1	1					
TITLE		DELETE	2 1 THLE				Change	Addition	
NAME			22 NAME						
STREET ADDRESS			23 STREE	ADDRESS					
CITY-ST-ZIP		T priess	2 4 CHY-	ST- ZIP					
TITLE		☐ DELE1E	3 1 1111				Change	☐ Addition	
NAME			32 NAME	I ADDRESS					
STREET ADDRESS CITY-ST-ZIP			3.3 STHET 3.4. CITY-	ADDRESS					
TITLE		DELETE	4.1 TITLE	01 - 41F		••••	Change	Addition	
NAME			4. 2 NAME				•		
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP	=#		4.4 CITY-1	ST-ZIP					
TITLE		DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP		T britis	5.4 CITY-1	ST - ZIP			Charac	A a and	
TITLE		☐ DELETE	6.1 TITLE				Change	Addition	
NAME CORECT ADDRESS			6.2 NAME	I ADDRESS					
STREET ADDRESS			0.3 STREE	ADDRESS					

14. I do hereby certify that the information supplied with this filling 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 offect as if made under eath; 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 charged, or on an attachment right an address.