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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600005915 (9)

DR. JEAN-BAPTISTE L. CHARLOT, P.A.

Principal Place of Business 8950 SW 88 STREET #303 MIAMI FL 33176 Mailing Address

8950 SW 88 STREET #303 MIAMI FL 33176

## FILED Jan 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

 Date Incorporated or Qualified 01/16/1996

2. Principal Pl	ace of Busir	ness	2a. Mai	2a. Mailing Address					4. FEI Number	Ap	plied For	
21			26	26					65-0636672	No	t Applicable	
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	Additional	
22			27	27					3. Cermicate of Status Desired	Fee Re	quired	
City & State	3		City	City & State					6. Election Campaign Financing	\$5.00	May Be	
23			28	28				i	Trust Fund Contribution .	Added t		
Zip		Country	Zip	Zip Cou			ountry		8. This corporation owes or has paid the curr		angible	
24		25	29	<u> </u>							] No	
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent					
CH		1	81 Name									
		STREET #303		8:			Street Ac	Idras	ss (P.O. Box Number is Not Acceptable)			
L.	AMI FL 331			OZ SITEE			Olleet Ac	Address (F.O. Box Number is Not Acceptable)				
				83								
				<u> </u>  8			011			( 1 - <del> </del>		
							City		FL	85 Zip (	Jode	
11. Pursuant I	o the provis	lons of Sections 607.05	02 and 527, 15	527.1508. Florida Statutes, the ab			· · · · · · · · · · · · · · · · · · ·					
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 an State of Forida. 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 Education 607.0505, Florida Statutes.												
SIGNATURE	Signature, typed	- remaining the second and second	gent and title if appl		F: Registered	Ace	ot slonature re	crifred	when reinstating) DATE		<u>-</u> -	
12.	organizatio, typico		ND DIRECTOR		13.	, Ago	organolata to	quitou	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12	
TITLE	D			DELETE 1.1						Change	Addition	
NAME	_	OT, JEAN-BAPTISTE	1				1,2 NAME			_ •		
STREET ADDRESS						1.3 STREET ADDRESS						
CITY-ST-ZIP		L 33176		1.4 CITY-ST-ZIP						i		
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NAME				22 NA								
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CITY-ST-ZIP							2. 4 CITY-ST-ZIP 3.1 TITLE			☐ Change	☐ Addition	
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NAME							3.2 NAME 3.3 STREET ADDRESS				j	
STREET ADDRESS												
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NAME					4, 2 NA		ļ					
STREET ADDRESS							ADDRESS					
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TITLE				☐ DELETE	5.1 TIT					Change	Addition	
NAME					5.2 NAI							
STREET ADDRESS					5.3 STF	REET /	ADDRESS					
CITY-ST-ZIP					5.4 CIT	_	T-ZIP					
TITLE				DELETE	6.1 TITI	LE	1			Change	Addition	
NAME					6.2 NA	ME					Ī	
STREET ADDRESS					6.3 STF	REET	ADDRESS					
CITY - ST - ZIP					6.4 CIT						<u> </u>	
14. I hereby c	ertify that the	e information supplied to	with this filing	does not qualify fo	r the exer	mpt	tion stated	in Se	ection 119.07(3)(i), Florida Statutes. I further cer	tify 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: \_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR