

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

0229822

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90050 042 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000016781**

1. Corporation Name  
**ERNESTO GONZALEZ C.P.A., P.A.**

Principal Place of Business 815 N.W. 57TH AVENUE SUITE 435 MIAMI FL 33126	Mailing Address 815 N.W. 57TH AVENUE SUITE 435 MIAMI FL 33126
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>7700 NORTH KENDALL DRIVE</b>	2a. Mailing Address 26 <b>7700 NORTH KENDALL DRIVE</b>
Suite, Apt. #, etc. 22 <b>SUITE 505</b>	Suite, Apt. #, etc. 27 <b>SUITE 505</b>
City & State 23 <b>MIAMI, FLORIDA</b>	City & State 28 <b>MIAMI, FLORIDA</b>
Zip 24 <b>33156</b> 25	Zip 29 <b>33156</b> 30

3. Date Incorporated or Qualified <b>02/22/1996</b>	
4. FEI Number <b>65-0643544</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**GONZALEZ, ERNESTO**  
**13420 S.W. 81 STREET**  
**MIAMI FL 33183**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GONZALEZ, ERNESTO</b>	
STREET ADDRESS	<b>13420 S.W. 81 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33184</b>	
TITLE	<b>VSTD</b>	<input type="checkbox"/> DELETE
NAME	<b>GONZALEZ, ERNESTO</b>	
STREET ADDRESS	<b>13420 S.W. 81 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33184</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Ernesto Gonzalez *Ernesto Gonzalez* **2/20/99** **305 275-5593**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)