Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90111 028 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000025770

1. Corporation Name

RAYMOND R. BEITRA, P.A.

		·								
Principal Plac	e of Business	Mailing Address] .	· italitan isa sama alili anis a				
2122 SW 67 A	vÉ	2122 SW 67 AVE SUITE 8-G			1					
SUITE 8-G	•		DO NOT WRI	TE IN THIS	CDACE					
MIAMI FL 33155 IIS US					<u> </u>		IE IN I IIS	SPACE		\neg
US						Date Incorporated or Qualifed 03/22/1996				
2. Principal P	lace of Business	2a. Mailing Address	,	1 bloom	4.	FEI Number		-	Applied For	4
21 1840) West 47 stree	126 SAME AS N	<u>lew</u>	Address	≥	65-0657824			Not Applicable	4
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			- 1	Certifcate of Status Desired			5 Additional Required	
City & Stat	e, ,,	City & State			6.	Election Campaign Financing		\$5.0	O May Be	
23 HiA	leah FL	28				Trust Fund Contribution		Adde	d to Fees	╝
Zip	Country	Zip	Cour	ntry	8.	This corporation owes the curr	ent year Inta	angible		7
a 33 (112 5 US	29 30	0			Personal Property Tax.	•	Yes	⊠No	_}
- حوب	9. Name and Address of Current				10.	Name and Address of New I	Registered A	Agent		
				81 Name						
	RA, RAYMOND R		ŀ	82 Street Addre	ess (F	O. Box Number is Not Accept	able) /			\dashv
2122 SW 67 AVENUE				1840		west 49 s	treet			_
	TE 8-G		-	83 7 1	o	100	•			
MIAI	MI FL 33155		-	35077	<u> </u>	100		ne 7:	p Code	
	•		Ì	84 City 177	le.	12h	FL	85 길	3012	-{
agent. I a	to the provisions of Sections 607,000x registered agent, or both, in the State or in familiar with, and accept the obligat Signature, typed or printed name of registered agen	tions of, Section 607.0505, Florida	a Statu	tes. Agent signature required			DATE			
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIREC	TORS IN 12	1
TITLE	D	☐ DELETE	1.1 TITI	LE		•		Chang	ge 🗌 Additio	n
NAME .	Beitra, raymond r		1.2 NA	ME						l
STREET ADDRESS	2122 SW 67 AVENUE		1.3 STF	REET ADDRESS					-	-
CITY-ST-ZIP	MIAMI FL 33155	· ·	1.4 CIT	Y-ST-ZIP					- 3	-
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NAME			5.2 NA	1						-
STREET ADDRESS				REET ADDRESS						
CITY-ST-ZIP	·			Y-ST-ZIP						_
TITLE		□ DELETE	6.1 TIT	LE D				☐ Chang	ge 🗀 Additio	/n)

14. I 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 effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee embywered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed error an attachment with an address with all offer like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NING OFFICER OR DIRECTOR

☐ DELETE