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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000054522

1. Corporation Name MICHAEL ANTHONY REMY, P.A.

Principal Place of Business 2121 POMCE DE LEON BLVD STE 550 CORAL GABLES FL 33134 Mailing Address 2121 POMCE DE LEON BLVD STE 550 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/25/1996 4. FEI Number 65-0677309 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 21 2121 PONCE DE LEON BLVD Suite, Apt. #, etc. 22 SUITE 550 City & State 23 CORAL GABLES, FLORIDA Zip 24 33134 Country 25 U.S.A. 2a. Mailing Address 26 2121 PONCE DE LEON BLVD Suite, Apt. #, etc. 27 SUITE 550 City & State 28 CORAL GABLES, FLORIDA Zip 29 33134 Country 30 U.S.A.

9. Name and Address of Current Registered Agent REMY, MICHAEL A ESQ. 2121 PONCE DE LEON BLVD STE 550 CORAL GABLES FL 33134 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 2 columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Delete, Change, and Addition.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 807, 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: Michael Anthony Remy REQUINER Anthony Remy 1-6-99 (305) 448-4441 Date Daytime Phone #

CRZE034 (11/98)