

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Northam**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000056274 (9)**

1. Corporation Name

**ALDO P. GONZALEZ & ASSOCIATES, INC.**

Principal Place of Business

9770 S.W. 85TH TERRACE  
MIAMI FL 33173

Mailing Address

9770 S.W. 85TH TERRACE  
MIAMI FL 33173

FILED  
May 01 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/25/1996**

Applied For  
Not Applicable

4. FEI Number  
**65-0682242**

\$8.75 Additional  
Fee Required

5. Certificate of Status Desired  **\$5.00** May Be  
Added to Fees

Election Campaign Financing  
Trust Fund Contribution

6. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.  Yes  No

7. Name and Address of Current Registered Agent

**GONZALEZ, ALDO P  
9770 SW 85TH TERRACE  
MIAMI FL 33173**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, ALICE L</b>		1.2 NAME
STREET ADDRESS	<b>9770 S.W. 85TH TERRACE</b>		1.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI FL 33173</b>		1.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, ALDO P P.E.</b>		2.2 NAME
STREET ADDRESS	<b>9770 S.W. 85TH TERRACE</b>		2.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI FL 33173</b>		2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			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.

SIGNATURE: *Aldo P. Gonzalez*

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature: *Aldo P. Gonzalez, President* Date: *4/23/98* Daytime Phone #: *305-598-4711* Evening Phone #: *305-598-4711*

CR2E034 (10/97)