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 # P96000056274

1. Corporation Name

ALDO P. GONZALEZ & ASSOCIATES, INC.

Distinct Disease of Distincts

Atollina Addroso

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90012 004 ***158.75



9770 S.W. 85TH TERF									
INITIAL I C 00110	PACE	9770 S.W. 85TH TEF MIAMI FL 33173	RRACE						
						DO NOT WRI	TE IN T	HIS SPACE	
						3. Date Incorporated or Qualifed			
						06/25/1996			
2. Principal Place of	f Business	2a. Mailing Address	s			4. FEI Number		Ĺ	Applied For
21		26				65-0682242			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, et	tc.		_	5. Certifcate of Status Desired	\forall		75 Additional
22		27				g, Controlle di Cialdo Dodino	<u> </u>	Fe	e Required
City & State		City & State				6. Election Campaign Financing		\$ 5.	.00 May Be
23		28				Trust Fund Contribution		Add	ded to Fees
Zip	Country	Zip	Co	ountry		This corporation owes the curr	ent year		pr
24	25	29	30			Personal Property Tax.		☐ Yes	□No
9.	Name and Address of Current	t Registered Agent				10. Name and Address of New F	Register	ed Agent	
CON741 F	*** ALDÓ D			81	Name				
	Z, ALDO P			82	Street Add	dress (P.O. Box Number is Not Accepta	able)		
-	85TH TERRACE					· · · · · · · · · · · · · · · · · · ·			
MIAMI FL	331/3			83					
				84	City			85	Zip Code
				04	City		F	FL "	2. p
11. Pursuant to the	provisions of Sections 607.0502	2 and 607.1508, Florida	Statutes, the a	above	-named cor	rporation submits this statement for the tion's board of directors. I hereby accept	purpose	of changin	g its registered as registered
agent. I am fam	niliar with, and accept the obligat	tions of, Section 607.050	05, Florida Sta	atutes.		•	,	•	
SIGNATURE	ire, typed or printed name of registered agen	t and title if applicable.	(NOTE: Registere	ed Agent	t signature requi	ired when reinstating)	DATE		
12.		D DIRECTORS	13.	l.		ADDITIONS/CHANGES TO OF	FICERS	AND DIRE	CTORS IN 12
TITLE D									
		☐ DELE	ETE 1.1 T	TITLE				☐ Cha	nge 🔲 Additior
NAME GOI	NZALEZ, ALICE L	LJ OELI		TITLE NAME				☐ Cha	nge [] Addition
	NZALEZ, ALICE L	LJ UELI	1.2 N	NAME	ADDRESS			☐ Cha	nge [] Addition
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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.

IGNING OFFICER OR DIRECTOR