

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

FILED

Feb 24 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000068600 (1)

1. Corporation Name
WANDA PISTELLA, P.A.



Principal Place of Business
12500 S.W. 32ND TERRACE
MIAMI FL 33175

Mailing Address
12500 S.W. 32ND TERRACE
MIAMI FL 33175-2647

3. Date Incorporated or Qualified 08/16/1996
3a. Date of Last Report

2. Principal Place of Business
21 15238 SW 146 Terr
Suite, Apt. #, etc.

2a. Mailing Address
26 15238 SW 146 Terr
Suite, Apt. #, etc.

4. FEL Number 65-0688874
Applied For Not Applicable

22 City & State
23 Miami, FL

27 City & State
28 Miami, FL

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 33196 25 Country USA

29 Zip 33196 30 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PISTELLA, WANDA
12500 S.W. 32ND TERRACE
MIAMI FL 33175

81 Name Wanda Pistella
82 Street Address (P.O. Box Number is Not Acceptable) 15238 SW 146 Terr
83
84 City Miami FL 85 Zip Code 33196

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: Wanda Pistella, Wanda Pistella, President 4/14/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PISTELLA, WANDA	
STREET ADDRESS	12500 S.W. 32ND TERRACE	
CITY - ST - ZIP	MIAMI FL 33175	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PISTELLA, WANDA	
STREET ADDRESS	12500 S.W. 32ND TERRACE	
CITY - ST - ZIP	MIAMI FL 33175	
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		

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Pistella, Wanda	
13 STREET ADDRESS	15238 SW 146 Terr	
14 CITY - ST - ZIP	MIAMI, FL 33196	
21 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Pistella, Wanda	
23 STREET ADDRESS	15238 SW 146 Terr	
24 CITY - ST - ZIP	MIAMI, FL 33196	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do 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: Wanda Pistella, Wanda Pistella, Pres, 4/14/97 253-1761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)