


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 21, 1999 8:00 am**  
**Secretary of State**

09-21-1999 90003 023 \*\*\*\*\*8.75  
 09-21-1999 90003 024 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000073348**

1. Corporation Name  
**RICARDO A. GONZALEZ, P.A.**



Principal Place of Business 28 W FLAGLER STREET. #600 MIAMI FL 33130 US	Mailing Address 28 W FLAGLER STREET. #600 MIAMI FL 33130 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/04/1996**

2. Principal Place of Business 21 <b>7270 NN 12 St.</b>	2a. Mailing Address 26 <b>7270 NN 12 St.</b>
22 Suite, Apt. #, etc. <b>PH 9</b>	27 Suite, Apt. #, etc. <b>PH 9</b>
23 City & State <b>MIAMI, FL</b>	28 City & State <b>MIAMI, FL</b>
24 Zip <b>33126</b>	25 Country <b>DADE</b>
29 Zip <b>33126</b>	30 Country <b>DADE</b>

4. FEI Number <b>65-0691649</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GONZALEZ, RICARDO A**  
**28 W FLAGLER STREET, #600**  
**MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name **RICARDO A. GONZALEZ**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**7270 NN 12 St**  
 83 **PH 9**  
 84 City **MIAMI** FL 85 Zip Code **33126**

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]* **RICARDO A. GONZALEZ, President** 09/14/99  
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	<b>GONZALEZ, RICARDO A</b>	
STREET ADDRESS	<b>28 W FLAGLER STREET, #600</b>	
CITY-ST-ZIP	<b>MIAMI FL 33130</b>	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>RICARDO A. GONZALEZ</b>	
1.3 STREET ADDRESS	<b>7270 NN 12 St, PH 9, MIAMI, FL 33126</b>	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *[Signature]* **RICARDO A. GONZALEZ, PRESIDENT** 09/14/99 305-591-8844

CR2E034 (5/99)