## 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 # P96000097526

1. Corporation Name

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

04-21-1999 90198 030 \*\*\*150.00

MANUEL	LA BLANCO, P.A.								
Principal Plac	e of Business	Mailing Address				-	IAI BRAN UUNO M	(4) ( <b>20)</b> ( 0)(	
250 BIRD RD STE. 216 250 BIRD RD STE. 216									
CORAL GABLES FL 33146 CORAL GABLES FL 33146									
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed · 12/03/1996			
2 Dain sin al D	None of Divisions	2a. Mailing Address				4. FEI Number			pplied For
	Place of Business	⊢				65-0721818		<u> </u>	lot Applicable
Suite, Apt. #, etc.		Suite Apt. #. etc.	Suite, Apt. #, etc.						Additional
22		27	¬ '			5. Certificate of Status Desired			Required
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28	28			Trust Fund Contribution			I to Fees
Zip	Country	Zip	Cour	itry		8. This corporation owes the curre			_ 7
24	25		30		_	Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent		4.1	<del></del>	10. Name and Address of New R	egistered A	gent	
DLA	NCO MANUEL A			81 N	ame				
BLANCO, MANUEL A 250 BIRD RD., STE. 216			F	<b>82</b> S	treet Addre	ess (P.O. Box Number is Not Accepta	ble)		
	RAL GABLES FL 33146								
COF	TAL CIABLES PL 33140		\	83					1
	•		ļ	84 C	ity		E I	85 Zir	Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutoffice or registered agent, or both, in the State of Florida. Such change was a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida.			1			enting as basis this atotomout for the	F L	hanging i	e registered
11. Pursuant office or r	to the provisions of Sections 607.0503 registered agent, or both, in the State of	2 and 607.1508, Florida Statute of Florida. Such change was at	es, the ac uthorized	by the	corporation	n's board of directors. I hereby accep	t the appoin	ment as	egistered
agent. I a	rm familiar with, and accept the obligat	tions of, Section 607.0505, Flor	ida Statu	tes.					
SIGNATURE		. Alott	B 11 31			when reinstating)	DATE		
12.	Signature, typed or printed name of registered agen OFFICERS AN		13.	Agent sig	natere required	ADDITIONS/CHANGES TO OF		DIRECT	ORS IN 12
TITLE	D	DELETE	1,1 111	LE	$\overline{}$			Change	
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NAME			2.2 NAME					. ,	ł
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TITLE		· 		REET ADI			~		
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14. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

**5**2UIRED NG OFFICER OR DIRECTOR