SECOND NO. CE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BÉFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra Brittortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000100076 (4)

JUAN A. FERNANDEZ, M.D., P.A.

FILED

98 OCT 20 AM 10: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA



	e of Business	Mailing Address						
	SIT' DR #3315'	5000 UNIVERSITY DR #3915	j*					
-CORAL GABL	23 FL 3314 6	-CORAL GABLES-FL 93146			BO NOT WOITE	IN THE	00405	•
					DO NOT WRITE		<u> </u>	
					3. Date Incorporated or Qualified	3a. Da	ate of Last Re	eport
					12/11/1996			
— · ~ ·	lace of Business	2a. Mailing Address			v 4. FEI Number 07-1301	10	· ·	oplied For
21 35/	NIW LE SONE ND		500n	17 11.	0 65-07-1501			ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	
22	406	27 - 406			3. Continued of Status Desired		Fee Re	equired
City & Stat	e	City & State,		/	6. Election Campaign Financing		\$5.00	May Be
23 177	Ami, Fl.	28 MI AMI	Je de		Trust Fund Contribution		Added	to Fees
24 Zip 33	Country	Zip 2/26	Country	ب دمک	 8. This corporation owes or has pa 			
24 77	126 25 17700	29 7/1) <i>/</i>	<i>~~~~ (</i>	Personal Property Tax due June			_ No
	Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	gistered .	Agent	
	rnandez, juan a		81	Name				
500	00 UNIVERSITY DR #3315		82	Chroat	Address (P.O. Box Number is Not Acceptab			
1	RAL GABLES FL 33146		82	Street	Address (P.O. Box Number is Not Acceptab	ле) .		
			83	1				
			84	City		FL	85 Zip (Code
		1	No. of the second	<u> </u>	if a large this statement for the		e Enligantina it	o togistarad
office or i	to the provisions of Sections 607.050 registered agent or both, in the State	and 607, 1508, Florida Statutes, di Florida, Such change was aut	ne abov horized b	y the corp	corporation submits this statement for the poration's board of directors. I hereby accept	ot the app	pointment as	registered
agenti, la	im familiar with, and accept the oplig	ations of, Section 607.0505, Florid	ia Statute	s.	-			_
SIGNATURE	× IHTX	h						
				ent signature	required when reinstailing)	DATÉ	·	
12.	PD GFFICERS AN	D DIVIECTORS	13.		ADDITIONS/CHANGES TO OFFIC			Addition
TITLE	FEDRIANDEZ HIAM A		1.1 TITLE				Change	
NAME	***C		1,2 NAME		35 juite uole seus mi mi, Fl. 3	معيميص	2001	9
STREET ADDRESS	5000 UNIVERSITY DR #3315		1.3 STREET ADDRESS		30 suite 406			_
CITY-ST-ZIP	IP CORAL GABLES FL 33146		1.4 CITY-ST-ZIP		minni, Fl. 3	3129	مـــ	
TITLE	DELETE		2.1 TITLE				Change	Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS		mananana (Care	:77	169	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		9000085	92-7	11063	014
TITLE		DELETE	3.1 TITLE		来来来气气	ñ. nn	***	SILL Abdition
NAME		_	3,2 NAME			~~~	-	
				T ADDRESS				
STREET ADDRESS								
CITY-ST-3P		DELETE	3.4. CITY- 4.1 TITLE	S1-ZIP			Change	Addition
TITLE		Scene			j		onengo	
NAME			4. 2 NAME					,
STREET AUTORESS			4.3 STREE	T ADDRESS	I			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE	ĺ			L Change	Addition
NAME			5.2 NAME	l	I			
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	i			
TITLE		DELETE	6.1 TITLE				☐ Sharge /	Addition
NAME			6.2 NAME				/ V	r I
STREET ADDRESS			6.3 STREET	T ADDRESS			1	SI

14. I do hereby certify that the information supplied with this filing does not quality 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 k made under oath; that I am an officer or director of the corporation of the receiper 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 in the attachment with an address.

SIGNATURE: X

CITY-ST-ZIP

REVREQUIRED