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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000104499 (4)

10845 SNAPPER CREEK ROAD, INC.

FILED Apr 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							T (4 D) (4 D) (4 D) IN TELLE ENTER E	
2655 LE JEUNE RD. PENTHOUSE II CORAL GABLES FL 33134		2655 LE	ROBERT L. JAMERSON. JR. P.A. 2655 LE JEUNE ROAD. PENTHOUSE II CORAL GABLES FL 33134				DO NOT WRITE IN THIS SPACE	
		OUNTE	INDUCO 1 E GOTO	•			3. Date Incorporated or Qualified 12/31/1996	
2. Principal Pl	ace of Business	2a, Mailing 26	g Address				4. FEI Number 65 -0825597 Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, ,	Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required	
City & State)	City & 28	State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip		Соц	untry		This corporation owes or has paid the current year Intangible	
24	25	29		30			Personal Property Tax due June 30. 🔲 Yes 💢 No	
	9. Name and Address of Curren	t Registered A	gent				10. Name and Address of New Registered Agent	
AAL.	MERSON, JR., P.A. , ROBERT L				81	Name		
AGE IF ITHE DR. DENTHOLOGIE					82 Street Address (P.O. Box Number is Not Acceptable)			
	RAL GABLES FL 33134	•				Oli edi i	Address (F.O. Dox Number is Not Acceptable)	
					83			
	•				84	City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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, typed or priviled name of registered agent and title if any locable (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS ANI		(15)	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD		DELETE	1.1 T	TLE		Change Addition	
NAME	FERNANDEZ, GUILLERMO			1.2 N	AME			
STREET ADDRESS	2655 LE JEUNE RD, PENTHO	USE II		1.3 S	TREET	ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134				ITY- SI			
TITLE	\$D		DELETE	2.1 T			☐ Change ☐ Addition	
NAME	DE FERNANDEZ, ELKE B			2.2 N	AME			
STREET ADDRESS	2655 LE JEUNE RD, PENTHO	IUSE II		2.3 S	TRÉET	ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134				HTY-S			
TITLE			DELETE	31 T			Change Addition	
NAME				3.2 N	AME			
STREET ADDRESS				3.3 S	TREET	ADDRESS		
CITY-ST-ZIP				3.4. 0	HTY-S	1 - ZIP		
TITLE			DELETE	4.1 Ti	TLE		Change Addition	
NAME				4.21	IAME			
STREET ADDRESS				4.3 5	TREET	ADDRESS		
CITY-ST-ZIP				44C	IY-S	r-ZIP		
TITLE			☐ DELETE	5.1 1	TLE		Change Addition	
NAME				5.2 N	AME			
STREET ADDRESS				5.3 \$	TREET	ADDRESS		
CITY-ST-ZIP			T oc	_	TY-\$1	r- ZIP		
TITLE			DELETE	6.1 Ti	TLE		Change Addition	
NAME				6.2 N	AME			
STREET ADDRESS				635	TAEET	ADDRESS		
CITY-ST-ZIP				6.4 C	ITY-SI	ion state		

indicated on this annual report or supplied with this hing obes not quality for the exemption stated in Section 1.19.07(5)(i), reports statutes. Further certain 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 changes, or on an attachment with an address.