SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

Principal Place of Business

CITY-ST-ZIP

P97000013681 (6)

Malling Address

LILLIAN M. AZQUETA, P.A.

| SUITE SOON & WEST PALM BI | ACH LAKES BLVD OF EACH FL 33409 lace of Business | 2001 PALM BEACH LAKES BLVD SUITE 300-J WEST PALM BEACH FL 33409 | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/10/1997 4. FEI Number Applied For | |
|---|---|---|------------------|--|------------------|--|-----------------------------------|
| _ ` | | ing Addiess | | | 65-0760281 | Not Applicable | |
| 21 | di ata | 26 Cuite Ast 41 ste | <u> </u> | | | | |
| Suite, Apt. | #, BIC. | Suite, Apt. #, etc. | 27 | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | | City & State | | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | - ¬ · | | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | | | 8. This corporation owes or has paid the cu | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax due June 30. | Yes No |
| , = - , | 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | Agent | |
| AZQ | UETA, LILLIAN M | | | 81 | Name | | |
| 2001 PALM BEACH LAKES BLVD | | | | 82 | Street Ad | dress (P.O. Box Number is Not Acceptable) | |
| SUITE 3099 407 West Palm Beach Fl 33409 | | | | 83 | | | |
| ***** | TITLE DE LOTTE LE COURS | | | 84 | City | | 85 Zip Code |
| | | | | | | FL | |
| 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, typed or printed name of registered agei | nt and title If apolicable (N | OTE: Registe | red Age | ent signature re | equired when reinstating) DATE | |
| 12. | OFFICERS AND DIRECTORS | | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D | DELETE | 1.1 T(1 | TLE | | | Change Addition |
| NAME | AZQUETA, LILLIAN M | | 1.2 NA | 1.2 NAME | | | |
| STREET ADDRESS 2001 PALM BEACH LAKES BLVD SUITE 999-1 407 | | | 1.3 ST | 1.3 STREET ADDRESS | | | : |
| CITY-ST-ZIP | TY-ST-ZIP WEST PALM BEACH FL 33409 | | | 1.4 CITY-ST-ZiP | | | |
| TITLE | DELETE | | 2.1 TI3 | 2.1 TITLE | | | Change Addition |
| NAME | | | 2.2 NA | 2.2 NAME | | | |
| STREET ADDRESS | | | 2.3 STREET A | | DDRESS | | |
| CITY-ST-ZIP | | | 2.4 CI | TY-\$1-2 | ZIP | | |
| TITLE | DELETE | | 3.1 TIT | 3.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NA | AME | | | |
| STREET ADDRESS | | | 3.3 ST | REETA | DDRESS | | |
| CITY-ST-ZIP | | | 3.4 CI | TY-ST-Z | ŽIP. | | _ |
| TITLE | DELETE 4.11 | | 4.1 TI | 4.1 TITLE | | | Change Addition |
| NAME | | | 4.2 NA | AME | 1 | | |
| STREET ADDRESS | 4.3 \$ | | REETA | DDRESS | | | |
| CITY-ST-ZiP | | | 4.4 CF | TY-ST-Z | IP I | | |
| TITLE | | DELETE | | | | | Change Addition |
| NAME | | | 5.2 NAME | | | 0000026538 | 390 |
| STREET ADDRESS | | | 5.3 ST | REETA | DORESS | -10/ 02/9801005 | 037 |
| CITY-ST-ZIP | | | 5.4 CI | TY-ST-Z | IP | ***150,00 | : |
| TITLE | | | 6.1 TIT | | | | ChangeAddition |
| NAME | | | 6.2 NA | ME | | | - 7V." |
| STREET ADDRESS | | | | | DORESS | | JV 90 |

6.4 CITY-ST-ZIP

FILED
Sep 30 1998 8:00am
Secretary of State



CR2E034 (5/98)

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 ad address.



Lillian M. Azqueta P.A. 2001 Palm Beach Lakes Blvd. Suite 407 West Palm Beach, FL 33409

Florida Department of State Division of Corporations P.O.Box 1500 Tallahassee, FL 32302

Dear Sir:

Enclosed please find copy of First Union official check # 967328740 purchased April 28, 1998 payable to the secretary of State for the 1998 annual report. Your office informed us that the check and application were returned because we did not include the Federal I.D. We never received that correspondence. We have notified First Union to "stop payment" on the check.

Enclosed please find check # 528699017 and our 1998 application. We hope you accept our payment of \$150.00 since we have submitted proof that the check had been purchased and mailed in time.

We appreciate your assistance in this matter.

Very truly yours

Lillian M. Azquetá

Director