

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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90202 030 \*\*\*150.00

020069

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 # P97000019388**

1. Corporation Name  
**ANTHONY F. SANCHEZ, P.A.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 700 NE 90 ST MIAMI FL 33138	Mailing Address 700 NE 90 ST MIAMI FL 33138
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3. Date Incorporated or Qualified <b>02/24/1997</b>	
4. FEI Number <b>65-0757273</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>2600 Douglas Rd</b> Suite, Apt. #, etc. 22 <b>Penthouse Ten</b> City & State 23 <b>Coral Gables, FL</b> Zip 24 <b>33134</b>	2a. Mailing Address 26 <b>2600 Douglas Rd.</b> Suite, Apt. #, etc. 27 <b>PH Ten</b> City & State 28 <b>Coral Gables, FL</b> Zip 29 <b>33134</b>	Country 25 <b>USA</b>	Country 30 <b>USA</b>
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9. Name and Address of Current Registered Agent

**SANCHEZ, ANTHONY F**  
**700 NE 90 ST**  
**MIAMI FL 33138**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>2600 Douglas Rd.</b>
83	<b>Penthouse Ten</b>
84 City	<b>Coral Gables</b>
85 Zip Code	<b>FL 33134</b>

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 *Anthony F. Sanchez* **Anthony F. Sanchez** **4/13/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SANCHEZ, ANTHONY F</b>	
STREET ADDRESS	<b>700 NE 90 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33138</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SANCHEZ, SUSAN E.</b>	
STREET ADDRESS	<b>6771 SW 55TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>2600 Douglas Rd, PH Ten</b>
1.4 CITY-ST-ZIP	<b>Coral Gables FL 33134</b>
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 of 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 in an attachment with an address with all other like empowered.

SIGNATURE: *Anthony F. Sanchez* **Anthony F. Sanchez** **4/13/99** **305-443-7400**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)