

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  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 03 1998 8:00am  
Secretary of State

DOCUMENT # **P97000022184 (0)**

1. Corporation Name

**ANNETTE GOMEZ, PA**



Principal Place of Business

**3850 SW 87 AVE STE 203  
MIAMI FL 33165**

Mailing Address

**3850 SW 87 AVE STE 203  
MIAMI FL 33165**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/05/1997**

4. FEI Number

**65-0737414**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**GOMEZ, ANNETTE**

**3850 SW 87 AVE STE 203  
MIAMI FL 33165**

**198 N Douglas Rd.  
Miami, FL 33125**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

2.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

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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 an address.

SIGNATURE:

*Annette Gomez*  
**Annette Gomez**  
**198 N Douglas Rd**  
**MIAMI FL 33125**

CR2E034 (5/98)

2

July 22, 1998

Florida Department of State  
PO Box 1500  
Tallahassee, Fl. 32302-1500

RE: Annette Gomez, PA  
Doc.# P97000022184

To Whom It May Concern:

Please be advised with this letter that on 04/30/98 I sent  
Check # 678 in the amount of \$ 150.00 to your office for the  
renewal of my corporation, also I had made changes to the  
address of the business.

I have received a second notice for the renewal of the  
corporation at my old address which indicates that my original  
form has not been processed.

I am enclosing another check for \$ 150.00 and your second  
notice with the same changes I had made on the first one,  
please send back the previous check I had mailed back in April.

If I can be of any assistance please do not hesitate to call at  
(305) 949-4738.

Yours truly,

  
Annette Gomez