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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 04 1998 8:00am Secretary of State

1. Corporation	MEN!# P9/000	1031862 (U)		
,	E FERNANDEZ, P.A.			1
14871116	e remander in			i addiržāj tijā jātik jagin agini ādini kātik kalas tijai titāti ātits tiks klas klas
Principal Plac	ce of Business	Mailing Address		
SEC-CATALOR	NA AVE	250-GATALONIA AVE		
SUITE 501-		, SUITE 501 -		DO NOT WIDTE IN THE ODAGE
CORAL GABO		CORAL GABLES PL 39104	01	DO NOT WRITE IN THIS SPACE 5. Date Incorporated or Qualified
	1.Fl 33129	625 6W 27	132129	04/08/1997
	Place of Business	2a. Mailing Address	1331/	4. FEI Number Applied For
	swared	26 625 5W à	27 RD	65 - 074 555 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & Stat		City & State	<u></u>	6. Election Campaign Financing \$5.00 May Be
	I'AMI FI	28 MIGMI	1-1	Trust Fund Contribution Added to Fees
2 2 3 3 /	Country	7/022120	Countage of	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24 001	g. Name and Address of Current	29 35 (C) 3 Registered Agent	U CACA	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
CC	RNANDEZ, MAYREE		81 Name	THE STATE OF THE S
	O CATALONIA-AVE 625	SW 27 Rd		Address (D.O. Day Number in Not Assessed by
A	MTP PA4		82 Street	Address (P.O. Box Number is Not Acceptable)
OE	PRAL CABLES FL 33194 MIG	Milh.	83	
		13129	84 City	85 Zip Code
		· 1	[],	FL T T T T T T T T T
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 poration's board of directors. I hereby accept the appointment of registered
agent. I a	am familiar vip and account the obliga	tions of, Section 607.0505, Flori	da Statutes.	poration's board of directors. Thereby accept the appointment as registered
SIGNATURE				2/29/19/
	Signature (typic) or physicid name of registered ager OFFICERS AND		<u> </u>	a required when reinstaling) DATE ADDITION SOCIAL AND CONTROLL AND DIRECTORS IN 19
12.	PVST	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	FERNANDEZ, MAYREE		1.2 NAME	
STREET ADDRESS	250 CATALONIA AVE 625	6027Rd	1.3 STREET ADDRESS	625 5W 27 Rd
CITY-ST-ZIP	CORAL GABLES FL 33134			MIGNE . EL. 23129
TITLE	D	UIAMIF/. 33129	2.1 TITLE	Change Addition
NAME	FERNANDEZ, MAYREE	1	2.2 NAME	
STREET ADDRESS	250 CATALONIA AVE - GD	551327164	2.3 STREET ADDRESS	625 SW 27 RA
CITY+ST+ZIP	GORAL GABLES FL-83184 >	MIGMI, A 33129	2.4 CITY+ST-ZIP	MIANI F/ 33129
TITLE		☐ DELETE	3 1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADORESS	
CITY - ST - ZIP		Tocicte	3.4. CITY - ST - ZIP	Change Addition
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME CYDERY ADDRESS			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	Change Addition
NAME			52 NAME	
STREET ADDRESS	1		5.3 STREET ADDRESS	
CITY-ST-ZIP	İ		5.4 CITY - ST - ZIP	
TITLE		DELETE	6 1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	1		6.4 CITY+ST-ZIP	
14. I hereby	certify that the information supplied wit	h this filing does not qualify for	the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this amount report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as it made under cath; that I am a officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or one an allochment with an address.

SIGNATURE: X