PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P9700061453

1. Corporation Name
Alfredo Padron, Jr., P.A.

FILED Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90031 039 ***150.00

Principal Place of Business Ma	iling Address		1/	
	•	hos 16	1	
1898 NW ># S	24 .	1		0.004.05
Miami, FL 33	12 _	#dd.	DO NOT WRITE IN TH	S SPACE
1910m, FL 33	12.5	الري	3. Date Incorporated or Qualifed	1005
2. Principal Place of Business 2 2 2a.	Mailing Address		July 16,	Applied For
21 /898 NW 7# Sf. 26		wy# St	65-0766962	Not Applicable
	Suite, Apt. #, etc.			\$8.75 Additional
22			5. Certificate of Status Desired	Fee Required
City & State 23 Miany, Florida 28	City & State	, FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year	
24 33125 25 <i>U.S.</i> 29	33125	30 <i>U</i> . S.	Personal Property Tax.	Yes ZNo
9. Name and Address of Current Regist	ered Agent		10. Name and Address of New Registere	d Agent
$A \cap A \cap A = -$	To	81 Name	N/A same	
Altredo Vadron	ノド: - A	82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
1898 NW ># S	\mathscr{L}	83		
		63		
Miami, FL 3:	3/25	84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 60		a the above named corne	pration submits this statement for the nurnose	of changing its registered
office or registered agent, or both, in the State of Florida agent. I am familiar with, and accept the obligations of	a. Such change was au	thorized by the corporation	n's board of directors. I hereby accept the app	ointment as registered
agent. I am familiar with, and accept the obligations of	Section 607.0505, Flori	da Statutes.		
SIGNATURE Signature, typed to printed name of registered agent and title if	applicable (NOTE:	Registered Agent signature required	when reinstating) DATE	
12. OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE President	☐ DELETE	1.1 TITLE		Change Addition
NAME Alfredo Padron Jr.		1.2 NAME		
STREET ADDRESS 1898 NW7 Street		1.3 STREET ADDRESS		
CITY-ST-ZIP Miami, FL 38125		1.4 CITY-ST-ZIP	<u> </u>	
TITLE VICE-President	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME ALFREDO Padron Jr.		2.2 NAME		
STREET ADDRESS 1898 NW 7 Street		2.3 STREET ADDRESS		
CITY-ST-ZIP Miami (FC 33125		2. 4 CITY-ST-ZIP		
TIME Secretary	☐ DELETE	3.1 TITLE		Change Addition
NAME AI Fredo Padron Jr.		3.2 NAME		·
STREET ADDRESS 1898 NW 7 STEET		3.3 STREET ADDRESS		
CITY-ST-ZIP Miami, FL 33125		3.4. CITY-ST-ZIP		
Treasurer Treasurer	□ DELETE	4.1 TITLE		Change Addition
NAME AIFredo Padrondr.		4 2 NAME		
STREET ADDRESS 1898 NW 7 Street		4.3 STREET ADDRESS		
CITY-ST-ZIP Miami, FL 33125,		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5,3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		Characa C Addition
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		
4.4. I have by specify that the information symplicid with this file		the eveneties stated in Co	action 110 07/3\/ii\ Elorida Statutes I further c	artity that the information

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, with all other like empowered.

SIGNATURE: