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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P97000077613

LESLEY ANNE WARREN, D.P.M., P.A.

## **FILED** Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90096 008 \*\*\*150.00



												ATT	
Principal Place	of Busi	ness	Mailing A	Address					\$ 188 F188 118 18111 FB817 88151 WEST 88151				
16800 NW 2ND	AVF	20505 E COUNTRY CLUB DR											
SUITE 107		SUITE 636						ļ			_		
N MIAMI BEACH	1 FL 331	69 AVENTURA FL 33180							DO NOT WRITE IN THIS SPACE				
US									3. Date Incorporated or Qualifed				
									09/08/1997	<del></del>	<del></del>		
<ol><li>Principal Place of B</li></ol>		usiness 2a. Mailing Address							4. FEI Number			lied For	
H		26							65-0788447			Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.						5. Certificate of Status Desired		./5 Ac	ditional	
22		27							The company of the co				
City & State		City & State							6. Election Campaign Financing		5. <b>00</b> λ		
23		Country Zip Country							Trust Fund Contribution		dded to	rees	
Zip		Country	Zip	h			intry		8. This corporation owes the current ye	ear Intangible Ye∏Ye		No I	
24		25	29	1 1					Personal Property Tax.			¥140	
	9. Na	me and Address of Curi	ent Registered	Agent		81	Name	1	0. Name and Address of New Regist	BIBU Agein			
CAD	CIA INI	ED N				0'							
GARCIA, INC 1208 NE 91						82	Street A	Address	(P.O. Box Number is Not Acceptable)				
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MIAN	#I FL 33	138				83						Ì	
						84	City			85	Zip Co	ode	
										FL 👸	<del></del>		
		ovisions of Sections 607.0 I agent, or both, in the Sta r with, and accept the obl						corpora oration's	tion submits this statement for the purport board of directors. I hereby accept the	appointment	ing its regi	egistered istered	
SIGNATURE			_									<del>-</del>	
	Signature,	yped or printed name of registered				i Agen	t signature re	equired wh		ATE	ECTOR	20 IN 12	
12.		OFFICERS	AND DIRECTOR		13.	m.c			ADDITIONS/CHANGES TO OFFICE		hange	Addition	
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NAME	WARREN, LESLEY ANN				1.2 NAME						}		
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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.

6.4 CITY-ST-ZIP

SIGNATURE