

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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90149 001 \*\*\*150.00

0129615

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000097159**

1. Corporation Name  
**ALEJANDRO A DIAZ, D.V.M., P.A.**

Principal Place of Business  
**605 EAST 51ST STREET  
HIALEAH FL 33013**

Mailing Address  
**605 EAST 51ST STREET  
HIALEAH FL 33013**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/14/1997**

4. FEI Number  
**65-0795501**

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 the current year intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
**21 6805 Brookline Drive**  
Suite, Apt. #, etc.

2a. Mailing Address  
**26 6805 Brookline Drive**  
Suite, Apt. #, etc.

**22 HIALEAH, FL 33015**  
City & State

**27 HIALEAH, FL 33015**  
City & State

**23**  
Zip Country

**28**  
Zip Country

**24**

**29**

9. Name and Address of Current Registered Agent

**AMERILAWYER**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

**81 Name** **ALEJANDRO A. DIAZ, D.V.M.**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**1690 E. 4th Ave**  
**83 HIALEAH, FL 33015**  
**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

*Alejandro A. Diaz*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

**1.1 TITLE** **1.2 NAME**  
**1.3 STREET ADDRESS** **1.4 CITY-ST-ZIP**  
**PSTD**  
**DIAZ, ALEJANDRO A**  
**605 EAST 51ST STREET**  
**HIALEAH FL 33013**

**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**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition  
**1.1 TITLE** **1.2 NAME**  
**1.3 STREET ADDRESS** **1.4 CITY-ST-ZIP**  
**6805 Brookline Drive**  
**HIALEAH, FL 33015**

**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**

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, with all other like empowered.

SIGNATURE:

*Alejandro A. Diaz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)