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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90202 006 ***150.00

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DOCUMENT #	P98000017753
1. Corporation Name	1 00000017700

HOSEY HERNANDEZ, P.A.

Principal Place	of Business	Mailing Address					
2701 S. BAYSHORE DRIVE SUITE 602 COCONUT GROVE FL 33133 COCONUT GROVE FL 33133							
			!		DO NOT WRITE IN THIS SPACE		
0000,101 0.10	72 12 00/00				3. Date Incorporated or Qualifed		
					02/24/1998		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number Applied For		
21		26			65-0814295 Not Applicable		
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required		
City & State		City & State			6. Election Campaign Financing S5.00 May Be		
23	•	28			Trust Fund Contribution — - Added to Fees		
Zip	Country	Zip	Country	,	8. This corporation owes the current year Intangible		
24	25	29	30		Personal Property Tax.		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Agent		
	20/0/ 1/01/1450		81	Name	,		
	osky, howard S. Bayshore drive		82	Street	t Address (P.O. Box Number is Not Acceptable)		
SUITE	E 602		83	 			
COCONUT GROVE FL 33133		84	City	FL 85 Zip Code			
11 Dureuent t	a the provisions of Sections 607.0	502 and 607 1508. Florida Statute	s the abov	e-named	d corporation submits this statement for the purpose of changing its registered		
l office or re	egistered agent, or both, in the Sta n familiar with, and accept the obli	e of Florida. Such change was au	thorized by	the corpo	poration's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Signature, typed or printed name of registered a	good and title if applicable (NOTE I	Pagistared Ana	nt signature n	e required when reinstating) DATE		
12.		AND DIRECTORS	13.	agnature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		☐ DELETE	1.1 TITLE		P Change XAdditio		
NAME			12 NAME		Hosey Hervandez		
STREET ADDRESS			1.3 STREE	T ADDRESS	s 2701 S Bayshore Dr # 801		
CITY-ST-ZIP			1.4 CITY-5		Hosey Hervandez \$ 701 SiBayshore Dr # 602 Miami, FL 33133		
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Additio		
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS	s		
CITY-ST-ZIP	·		2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change Additio		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS	3		
CITY-ST-ZIP			3.4. CITY-	ST- ZIP			
TITLE		☐ DELETE	4,1 TITLE		Change Additio		
NAME			4. 2 NAME				
STREET ADDRESS			4,3 STREE	T ADDRESS	3		
CITY-ST-ZIP			4.4 CITY-5	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition		

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 appenders, with all other like empowered.

53 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE: _

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition