

FILED
Feb 17, 1999 8:00 am
Secretary of State

02-17-1999 90073 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																	
DOCUMENT # P98000027669																																																																																																																																																					
1. Corporation Name MARK A. CORDERO, P.A.																																																																																																																																																					
Principal Place of Business 7975 MIAMI LAKES DRIVE, SUITE 360 MIAMI LAKES FL 33016			Mailing Address 7975 MIAMI LAKES DRIVE, SUITE 360 MIAMI LAKES FL 33016																																																																																																																																																		
DO NOT WRITE IN THIS SPACE																																																																																																																																																					
3. Date Incorporated or Qualified 03/23/1998																																																																																																																																																					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country																																																																																																																																																		
4. FEI Number 65-0868492			Applied For ☐ Not Applicable																																																																																																																																																		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required																																																																																																																																																		
6. Election Campaign Financing Trust Fund Contribution ☐			\$5.00 May Be Added to Fees																																																																																																																																																		
7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No																																																																																																																																																					
8. Name and Address of Current Registered Agent CORDERO, MARK A 7975 MIAMI LAKES DRIVE, SUITE 360 MIAMI LAKES FL 33016			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 responsibility as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.																																																																																																																																																					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																																																																																																																																																					
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

1/19/99 305 827 2800
 Date Daytime Phone #

CR217-1 (1/198)