


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 28, 1999 8:00 am**  
**Secretary of State**

07-28-1999 90008 041 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000029386</b> 1. Corporation Name <b>REINALDO E LOPEZ, P.A.</b>			
Principal Place of Business 1055 S. HIAWASSEE RD., APT. 2012 ORLANDO FL 32835		Mailing Address 1055 S. HIAWASSEE RD., APT. 2012 ORLANDO FL 32835	
2. Principal Place of Business 21 4749 Windsor Ave Suite, Apt. #, etc.: 22 City & State 23 Orlando - Florida Zip 24 32819 Country 25		2a. Mailing Address 26 4749 Windsor Ave Suite, Apt. #, etc.: 27 City & State 28 Orlando - Florida Zip 29 32819 Country 30	
9. Name and Address of Current Registered Agent <b>LOPEZ, REINALDO E 1055 S. HIAWASSEE RD., APT. 2012 ORLANDO FL 32835</b>		3. Date Incorporated or Qualified <b>03/27/1998</b> 4. FEI Number <b>59-3501862</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.		10. Name and Address of New Registered Agent 81 Name <b>Lopez Reinaldo E.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4749 Windsor Ave.</b> 83 84 City <b>Orlando Florida</b> FL 85 Zip Code <b>32819</b>	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS LOPEZ, REINALDO E 1055 S. HIAWASSEE RD., APT. 2012 ORLANDO FL 32835 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DPS Lopez, Reinaldo E 4749 Windsor Ave. Orlando - Florida 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ANDREANI, JOHANNA 1055 S. HIAWASSEE RD., APT. 2012 ORLANDO FL 32835 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DV Andreani Johanna 4749 Windsor Ave. Orlando Florida 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: **Reinaldo Lopez**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-99 407 3120016  
Date Daytime Phone #

CR2E034 (5/99)

597303-90008-41  
P 980000029386

7/13/99

Florida Department of State.

Since we gave you notice of change of address, it looks like you send the first notice to the wrong address because we never received it. I'm going to send a check for \$150 which was my first notice due to the fact that you sent that notice to the wrong address.

Sincerely,

Reinaldo S. Lopez