

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

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P98000029386**  
 1. Corporation Name  
**REINALDO E LOPEZ, P.A.**



Principal Place of Business: 1055 S. HIAWASSEE RD., APT. 2012 ORLANDO FL 32835  
 Mailing Address: 1055 S. HIAWASSEE RD., APT. 2012 ORLANDO FL 32835

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 4749 Windsor Ave  
 2a. Mailing Address: 26 4749 Windsor Ave  
 Suite, Apt. #, etc.: 22  
 City & State: 23 Orlando - Florida  
 Zip: 24 32819 Country: 25  
 City & State: 27 Orlando - Florida  
 Zip: 29 32819 Country: 30

3. Date Incorporated or Qualified: 03/27/1998  
 4. FEI Number: 59-3501862 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  
 8. This corporation owes the current year Intangible Personal Property:  Yes  No

9. Name and Address of Current Registered Agent  
**LOPEZ, REINALDO E**  
**1055 S. HIAWASSEE RD., APT. 2012**  
**ORLANDO FL 32835**

10. Name and Address of New Registered Agent  
 81 Name: Lopez Reinaldo E.  
 82 Street Address (P.O. Box Number is Not Acceptable): 4749 Windsor Ave.  
 83  
 84 City: Orlando Florida FL 85 Zip Code: 32819

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, REINALDO E	1.2 NAME	Lopez, Reinaldo E
STREET ADDRESS	1055 S. HIAWASSEE RD., APT. 2012	1.3 STREET ADDRESS	4749 Windsor Ave.
CITY-ST-ZIP	ORLANDO FL 32835	1.4 CITY-ST-ZIP	Orlando-Florida 32819
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREANI, JOHANNA	2.2 NAME	Andxami Johanna
STREET ADDRESS	1055 S. HIAWASSEE RD., APT. 2012	2.3 STREET ADDRESS	4749 Windsor Ave.
CITY-ST-ZIP	ORLANDO FL 32835	2.4 CITY-ST-ZIP	Orlando Florida 32819
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Reinaldo Lopez **REQUIRED** 7-13-99 407 3120016  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

597303-90008-41  
P980000029386

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 Lopez