

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).

PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

FILED

00 JAN 24 AM 9:10

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000029688

1. Corporation Name
 MARIA E. SOLER, P.A.

Principal Place of Business
 211 DEBORA CT
 ALTAMONTE SPRINGS FL 32701

Mailing Address
 211 DEBORA CT
 ALTAMONTE SPRINGS FL 32701

3. Date Incorporated or Qualified
 04/01/1998

2. Principal Place of Business

21 6619 Cristina Marie Dr.
 Suite, Apt. #, etc.

2a. Mailing Address

26 6619 Cristina Marie Dr.
 Suite, Apt. #, etc.

4. FEI Number

59-3504375

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

Orlando FL

28 City & State

Orlando FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

32835

25 Country

ORANGE

29 Zip

32835

30 Country

Orange

8. This corporation owes the current year Intangible Personal Property.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOLER, MARIA E
 211 DEBORA CT
 ALTAMONTE SPRINGS FL 32701

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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: *Maria E. Soler*

DATE: 1/11/2000

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: PSD
 NAME: SOLER, MARIA E
 STREET ADDRESS: 211 DEBORA CT
 CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32701

1.1 TITLE: Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE: VPD
 NAME: TORRES, DANIEL
 STREET ADDRESS: 211 DEBORA CT
 CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32701

2.1 TITLE: Change Addition
 2.2 NAME: 500003113955-8
 2.3 STREET ADDRESS: -01/28/00-01018-003
 2.4 CITY-ST-ZIP: ****150.00 ****150.00

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

3.1 TITLE: Change Addition
 3.2 NAME:
 3.3 STREET ADDRESS:
 3.4 CITY-ST-ZIP:

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

4.1 TITLE: Change Addition
 4.2 NAME:
 4.3 STREET ADDRESS:
 4.4 CITY-ST-ZIP:

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

5.1 TITLE: Change Addition
 5.2 NAME:
 5.3 STREET ADDRESS:
 5.4 CITY-ST-ZIP:

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

6.1 TITLE: Change Addition
 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)(l), 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: *Maria E. Soler* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #