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

DOCUMENT # P9800054897

1. Corporation Name

HERNANDEZ VILLAMIL, P.A.

Principal Place of Business

Mailing Address

1205 MARIPOSA AVENUE UNIT 303 CORAL GABLES FL 33146

1205 MARIPOSA AVENUE UNIT 303 CORAL GABLES FL 33146

May 05, 1999 8:00 am Secretary of State

05-05-1999 90068 044 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

							06/19/1998				
2. Principal Pl	ace of Business	2a. Maili	ng Address				4. FEI Number		Ar	oplied For	
21	•	26				ì	#65-0847118		N	ot Applicable	
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				5. Certifcate of Status Desired	rtifcate of Status Desired			
City & State	9		City & State				6. Election Campaign Financing		\$5.00	May Be	
23		⊢ ¬ ′	28				Trust Fund Contribution			to Fees	
Zip	Country	Zip		Country	,		8. This corporation owes the current year	Intang	ble		
24	25	29	30	1		1	Personal Property Tax.		Yes	□No	
	9. Name and Address of Current			1			10. Name and Address of New Register	ed Age	ent		
VILLAMIL, ALICE H 1205 MARIPOSA AVENUE UNIT 303 CORAL GABLES FL 33146					81 Name						
					Street Address (P.O. Box Number is Not Acceptable)						
										COUNT OUDER IT COLLA	
					City		•	-∟		Code	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida Su	ich change was auth	iorizea by	the corb	corpora oration's	ation submits this statement for the purposes board of directors. I hereby accept the ap	e of cha pointm	inging its ent as re	s registered egistered	
SIGNATURE	•										
	Signature, typed or printed name of registered agent a			<u> </u>	nt signature r	required wi	hen reinstating) DATE		NOCAT	2DC IN 42	
12.	OFFICERS AND	DIRECTOR		13.			ADDITIONS/CHANGES TO OFFICERS				
TITLE	PVTS		☐ DELETE	1.1 TITLE		Į.		L.] Change	Addition	
NAME	VILLAMIL, ALICE H			1.2 NAME							
STREET ADDRESS	1205 MARIPOSA AVENUE UNIT	303		1.3 STREE	TADORESS						
CITY-ST-ZIP	CORAL GABLES FL 33146			1.4 CITY- S	T-ZIP	L					
TITLE	D		☐ DELETE	2.1 TITLE] Change	☐ Addition	
NAME	VILLAMIL, ALICE H			2.2 NAME						į	
STREET ADDRESS	1205 MARIPOSA AVENUE UNIT	303		2.3 STREE	T ADDRESS					ļ	
CITY-ST-ZIP	CORAL GABLES FL 33146	•••		2. 4 CITY-		-				,	
TITLE	COINE WIDEO 12 CO110		DELETE	3.1 TITLE	• •••	 			Change	☐ Addition	
NAME	•			3.2 NAME						ļ	
				•	TADORESS						
STREET ADDRESS											
CITY-ST-ZIP			DELETE	3.4. CITY- 4.1 TITLE	01-ZIT	+			Change	Addition	
TITLE				1				_	_ 3-	_	
NAME				4. 2 NAME							
STREET ADDRESS				1	TADORESS						
CITY-ST-ZIP			T DELETE	4.4 CITY-5	ST-ZIP	₩-			Change	Addition	
TITLE			□ DELETE	5.1 TITLE					_ unange	☐ Addingii	
NAME				5.2 NAME							
STREET ADDRESS				5.3 STREE	TADDRESS	1					
CITY-ST-ZIP				5.4 C/TY-5	ST-ZIP				=		
TIFLE			☐ DELETE	6.1 TITLE] Change	☐ Addition !	
NAME				6.2 NAME						•	
STREET ADDRESS				6.3 STREE	TADORESS						
CITY-ST-ZIP				6.4 CITY-1	ST-ZIP						
OH CONTAIN	·										

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.

IDIRECTOR

March 23, 1999

Daytime Phone #