**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P98000083224

HIAN I PILES P.A

JUAN J. PILES, F.A.		<u></u>					
Principal Place of Business	Mailing Address						
8491 NW 54 STREET 8491 NW 54 STREET MIAM! FL 33166 MIAM! FL 33166				DO NOT WRITE IN TH	IS SPACE		
				3. Date Incorporated or Qualifed			
			٠	09/24/1998	٠ .		
2. Principal Place of Business	2a. Malling Address			4. FEI Number	Ap	plied For	
21	26			65-0865 947	No	t Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75		
22	27			5. Vertilizatio of Status Desired	Fee Re	<del></del>	
City & State	City & State			6. Election Campaign Financing	\$5.00		
23	28			Trust Fund Contribution	Added t	o Fees	
Zip Country	Zip	Count	Ŋ	8. This corporation owes the current year		□No	
24 25	29 3	D		Personal Property Tax.	Yes	<u>⊔№</u>	
9. Name and Address of Current	Registered Agent	8	1 Name	10. Name and Address of New Registers	ru Agent		
PILES, JUAN J		Ľ	Nalls				
8491 NW 54 STREET		8	2 Street Addr	ress (P.O. Box Number is Not Acceptable)			
MIAMI FL 33168	,	8	3				
Marata 12 00100		L					
		8	4 City	=	85 Zip (	Code	
11 Pursuant to the provisions of Sections 807 0502	and 607.1508. Florida Statutes	the abo	we-named com	poration submits this statement for the purpose	of changing its	registered	
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of the	and 607.1508, Florida Statutes f Florida, Such change was auti	the aborded by	we-named corp by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its cointment as re	registered gistered	
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	and 607.1508, Florida Statutes f Florida, Such change was auti ons of, Section 607.0505, Florid	the abo horized b	we-named corp by the corporations.	poration submits this statement for the purpose on's board of directors. I heraby accept the app	of changing its cointment as re	registered gistered	
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8.4 CITY-ST-ZIP

SIGNATURE:

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 ennual 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.

**FILED** 

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90014 017 \*\*\*150.00