## 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 # P98000104434

RITA C. AYAI A. DDS PA

## FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90048 037 \*\*\*150.00

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Principal Place	e of Business	Mailing Address					PIN BIBIL BIBGS II	/III 0101 1001
·			/ 142ND AVE UNIT 1314					
MIAMI FL 33186		MIAMI FL 33186				DO NOT WRITE IN THIS	SDACE	
						3. Date Incorporated or Qualifed	- OI AOL	
						· _		ļ
		Do Mailine Address				12/14/1998 4. FEI Number	An	plied For
— ·	lace of Business	2a. Mailing Address				65-0885460	<del></del>	t Applicable
21	# -1-	26] Suite, Apt. #, e	atc.				\$8.75 A	
Suite, Apt. #, etc.		<u> </u>	27			5. Certifcate of Status Desired	Fee Re	
22 City & Stat		City & State~				6. Election Campaign Financing	- \$5.00	May Be
23		<del> </del> 1	28			Trust Fund Contribution	Added to	
Zip	Country		Zip Country			8. This corporation owes the current year Ir	tangible	
24	25 29		30	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre		1,2,1			10. Name and Address of New Registered	Agent	
<del></del>				81	Name			
AYAL	A, RITA C			82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
9601	SW 142ND AVE., UNIT 1314			02	Street Addres	SS (F.O. DOX NUMBER IS NOT ACCEPTAGE)		
MIAM	II FL 33186			83				_
							85 Zip (	aho*
				84	City	FI	_   65   210 (	Jode
office or a	registered agent, or both, in the State	e of Florida. Such change	e was authorize	עם ם	the corporation	ration submits this statement for the purpose of solutions of directors. I hereby accept the appointment of the purpose of the appointment of the purpose of	f changing its intment as re	registered gistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.05	305, Fibilida Stat	iules.	•			
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Registere	d Agen	t signature required t	when reinstating) DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE				ITLE			Change	Addition
NAME AYALA, RITA C				AME	ļ			;
STREET ADDRESS 9601 SW 142ND AVE., UNIT 1314			1.3 S	TREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33186							
TITLE				TY-SI	T-ZIP			
NAME	i			TY-ST	T-ZIP		Change	Addition
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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.

SIGNATURE:

305) 380-7182