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**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S29149

(9)

MIGUEL J. RODRIGUEZ, P.A.

|                |         |   | <br> |
|----------------|---------|---|------|
| Production and | Diagram | n |      |

**FILED** May 01 1997 8:00am Secretary of State



| ETHICANI FIRES   | a of Duniques   | Mailing Address   |   |  |  |   |               | SIGH BIGH            |  |
|--|---|---|---|--|--|---|---------------|----------------------|--|
| Principal Place of Businuss  5551 SW 57TH ST DAVIE FL 33314  |   | 4801 S. UNIVERSITY DRIVE<br>SECOND FLOOR                |   |  |  |   |               |                      |  |
|  |   |   |   |  |  |   |               |                      |  |
|  |   | DAVIE FL 33328-383                                      | 19  |  |  |   | 12. 5.        | -4145                |  |
|  |   | US  |   |  | <ol> <li>Date Incorporated or Qualified</li> <li>02/01/1991</li> </ol>       | 3a. Date (  |               | eport                |  |
| 2. Principal Pl  | lace of Business  | 2a. Mailing Address                                     | \$  |  | ***************************************                                      | 4. FEI Number   | J 94/4.1/     |                      | plied For  |
| 21 480   | S. UNIVERSITY   | 26  |   |  |  | 65-0238450  |               |                      | ot Applicable                                    |
| Suite, Apt.  <br>22  | #. etc# 301 - W   | Suite, Apt. #, et                                       | C.  |  |  | 5. Certificate of Status Desired  |               |                      | Additional<br>equired                            |
| City & State   | VIE , R   | City & State  |   | ,  |  | Election Campaign Financing     Trust Fund Contribution                             |               |                      | May Be<br>to Fees                                |
| Zip 💪  | Country   | Zip   | С   | ountry   |  | 8. This corporation has liability for i   | ntangible tax | under s              | 199.032  |
| 24   | 25 BRW)   | 29  | 30  |  |  |   | Yes 🗆         |                      |  |
|  | 9. Name and Address of Curre  | nt Registered Agent                                     |   |  |  | 10. Name and Address of New Re  | latered Age   | nt                   |  |
| ROD  | ORIGUEZ, MIGUEL J.  |   |   | 81   | Name   |   |               |                      |  |
|  | 1 S. UNIVERSITY DRIVE   |   |   | 82   | Street Add   | Iress (P.O. Box Number is Not Acceptab  | اما           |                      |  |
|  | OND FLOOR   |   |   | "  | Oliepi Add   | to box (4dilloc) is not noodplad  | .0)           |                      |  |
|  | 1E FL 33328   |   |   | 83   |  |   |               |                      |  |
|  |   |   |   | 64   | City   |   | Te            | 5 Zip                | Code   |
|  |   |   |   | "  | City   |   | FL I          | 2.10                 | 0000   |
|  | egistered agent, or both, in the State<br>m familiar with, and accept the oblig | e of Florida, Such change<br>pations of, Section 607.05 | was authori<br>05, Florida S  | zeo by<br>statutes   | the corpora<br>3.  | poration submits this statement for the pation's board of directors. I hereby accep | it the appoin | imeni as             | registered                                       |
| SIGNATURE: ,   | Signature, typed or punted name of registered ag                                | ent and fite if applicable                              | (BKOTE, Daniel  |  |  |   | DATE          |                      |  |
|  |   |   | (PACTIC: NEGIS)   | OFFICE AUTO  | int signalure requ   | ired when reinstating)  | UAIL          |                      |  |
| 12.  | OFFICERS AN   | ID DIRECTORS  | (NO)C. Regist   |  | int signalure requ   | ired when reinstating)  ADDITIONS/CHANGES TO OFFIC                                  | 4             | RECTOR               | S IN 12  |
| Y  | OFFICERS AN   |   | 1   |  | nt signalure requ  |   | ER\$ AND DI   | RECTOP<br>Change     |  |
| TITLE  | · ····································  | ID DIRECTORS  | 1:<br>TE 1:   | 3.   | int signature requ   |   | ER\$ AND DI   |                      |  |
| TITLE  | DPVS  | ID DIRECTORS  | 1:<br>TE 1:   | 3.<br>1 TITLE<br>2 NAME  | ADDRESS  |   | ER\$ AND DI   |                      |  |
| NAME<br>STREET ADDRESS   | DPVS<br>RODRIGUEZ, MIGUEL J   | ID DIRECTORS  | 1;<br>TE 1;<br>1;   | 3.<br>1 TITLE<br>2 NAME  | ADDRESS  |   | ER\$ AND DI   |                      |  |
| NAME<br>STREET ADDRESS<br>CITY-SE-719  | DPVS<br>RODRIGUEZ, MIGUEL J<br>4801 S. UNIVERSITY DRIVE                         | ID DIRECTORS  | 15<br>TE 1.   | 3.<br>1 TITLE<br>2 NAME<br>3 STREET  | ADDRESS  |   | ER\$ AND DI   |                      | Addition   |
| NAME<br>STREET ADDRESS<br>CITY-SE-ZIP  | DPVS<br>RODRIGUEZ, MIGUEL J<br>4801 S. UNIVERSITY DRIVE                         | ID DIRECTORS  | 15 TE 1. 1. 1. 1. 1. 1. 1. 1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. | 3.<br>1 TITLE<br>2 NAME<br>3 STREET<br>4 CITY - S  | ADDRESS  |   | ER\$ AND DI   | Change               | Additio  |
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| HILF NAME STREEL ADDRESS CITY-SE-719 HILF NAME STREEL ADDRESS  | DPVS<br>RODRIGUEZ, MIGUEL J<br>4801 S. UNIVERSITY DRIVE                         | ID DIRECTORS  | 11: TE 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:                           | 3. 1 TITLE 2 NAME 3 STREET 4 CITY - S 1 TITLE 2 NAME   | ADDRESS<br>T-ZIP   |   | ER\$ AND DI   | Change               | Additio  |
| TITLE<br>NAME  | DPVS<br>RODRIGUEZ, MIGUEL J<br>4801 S. UNIVERSITY DRIVE                         | ID DIRECTORS  | 11: TE 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:                           | 3. 1 TITLE 2 NAME 3 STREET 4 CITY - S 1 TITLE 2 NAME 3 STREET  | ADDRESS<br>T-ZIP   |   | ERS AND DI    | Change               | Additio  |
| NAME<br>STREET ADDRESS<br>CITY-SE-7IP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-SE-7IP  | DPVS<br>RODRIGUEZ, MIGUEL J<br>4801 S. UNIVERSITY DRIVE                         | ID DIRECTORS  DELE                                      | 11: TE 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:                           | 3. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S   | ADDRESS<br>T-ZIP   |   | ERS AND DI    | Change<br>Change     | Additio  |
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| TITLE NAME STREEL ADDRESS CITY-SI- 7IP                               | DPVS<br>RODRIGUEZ, MIGUEL J<br>4801 S. UNIVERSITY DRIVE                         | D DIRECTORS  DELE  DELE                                 | TE 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:                               | 3. 1 TITLE 2 NAME 2 NAME 4 CITY-S 1 TITLE 2 NAME 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 7 TITLE 7 NAME 8 STREET   | ADDRESS T-ZIP  ADDRESS ST-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS |   | ERS AND DI    | Change Change Change | Addition   |
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| HITE NAME STREEL ADDRESS CITY-SE-ZIP TITLE NAME STREEL ADDRESS CITY-SE-ZIP | DPVS<br>RODRIGUEZ, MIGUEL J<br>4801 S. UNIVERSITY DRIVE                         | D DIRECTORS  DELE  DELE                                 | TE 1.1  TE 2.1  TE 2.2  TE 3.3  TE 4.4  4.4  TE 5.5  5.5  TE 6.         | 3. 1 TITLE 2 NAME 2 NAME 4 CITY-S 1 TITLE 2 NAME 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 7 TITLE 7 NAME 8 STREET   | ADDRESS T-ZIP  ADDRESS ST-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS |   | ERS AND DI    | Change Change Change | Addition   |
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information indicated on this annual report or supplemental and al report is true and accurate and that my signature shall have the same legal effect as if made under oath; that istee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

MIGNER J. RODAIGUEZ