

[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

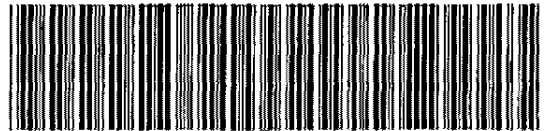
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Empty rectangular box for special instructions]

Office Use Only



000037617980

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1992



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
J.C. DE STAFF
REGISTRARS DIV.
TALLAHASSEE, FLA.
FR 2

FILING FEE \$21.25 Make Payable To: Secretary of State

1. Name and Mailing Address of Corporation **DOCUMENT #S39581 (1)**

MANUEL CARRIL D.C., P.A.
6331 W. 24TH CT.
BLDG. 4, UNIT 105-
HIALEAH FL 33016-4399

2. If Address in Block 1 is incorrect in any way, use the correct information and enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Mailing Address
9761 NW 41 ST.
22 P.O. Box No.
23 City and State
MIAMI, FL.
24 Zip Code
33178

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2.

3. Date Incorporated or Qualified To Do Business in Florida **03/21/1991**

3a. Date of Last Report
4. FEI Number **#59-3056967**
FEI Number Applied For
FEI Number Not Applicable
5. **\$8.75 Additional Fee Required for a Certificate of Status**
CERTIFICATE OF STATUS OF GOOD

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information)

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
1x D	CARRIL, MANUEL	6331 W. 24TH CT.	HIALEAH, FL
2			
2x			
3			
3x			
4			
4x			
5			
5x			
6			

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent
CARRIL, MANUEL
6331 W. 24TH CT.
BLDG. 4, UNIT 105
HIALEAH, FL 33016

8. Name and Address of How Registered Agent
81 Name
82 Street Address 1 (Do NOT Use P.O. Box Number)
9761 NW 41 ST.
83 Street Address 2 (Do NOT Use P.O. Box Number)
84 City
MIAMI, FL.
85 Zip Code
33178

9. Pursuant to the provisions of Sections 607.0502 and 607.1503 or Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation, with the purpose of changing its registered office or registered agent, or both, in the State of Florida, has duly given, authorized by the corporation, to and of me, the undersigned, hereby accept the appointment as registered agent, and I am familiar with, and accept the obligations of Section 607.0506, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. This corporation has liability for ad valorem tax under 5-109.032, Florida Statutes. Yes No

11. I certify that the information indicated on this annual report or supplemental annual report is true and correct and that my signature is a true and correct signature for the purpose of changing its registered office or registered agent, or both, in the State of Florida, as authorized by the corporation, to and of me, the undersigned, hereby accept the appointment as registered agent, and I am familiar with, and accept the obligations of Section 607.0506, Florida Statutes.

SIGNATURE **MANUEL CARRIL** DATE **3/12/92**
Typed Name of Signing Officer or Director Title **PRES.** Telephone (Home or Daytime)

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional \$5.00 to the filing fee.