
[Empty box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

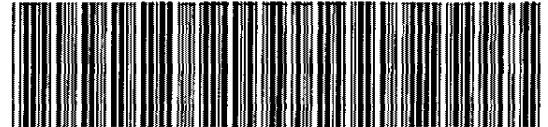
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1995

DOCUMENT # S39581 (1)

MANUEL CARRIL D.C., P.A.

9761 NW 41 ST
MIAMI FL 33013

9761 NW 41 ST
MIAMI FL 33013

2	2a	3	3a
(21)	20	03/21/1991	05/01/1994
(22)	27	4. (1) Employer 59-3056967	
(23)	28	5. (1) State of Fla. (Tax) <input checked="" type="checkbox"/>	\$8.75 Annual Fee for Post Card
(24)	29	6. Election Contribution (Federal) <input type="checkbox"/>	\$5.00 May be Added to Tax
	30	8. (1) This corporation has liability <input checked="" type="checkbox"/>	Florida Statutes <input type="checkbox"/>
9 Name and Address of Current Registered Agent		10 Name and Address of New Registered Agent	

CARRIL, MANUEL
9761 NW 41 ST
MIAMI FL 33178

81 Name
82 Street Address
83
84 City

FL 05

11. I, the undersigned, being the duly qualified and authorized officer of the above named corporation, do hereby certify that the foregoing information is true and correct to the best of my knowledge and belief, and that the same has been approved by the Board of Directors of the corporation, and that I am duly qualified and authorized to execute this certificate.

12. SIGNATURE

D
CARRIL, MANUEL
9935 NW 46TH ST., 203
MIAMI FL

13. TITLE

14. I, the undersigned, being the duly qualified and authorized officer of the above named corporation, do hereby certify that the foregoing information is true and correct to the best of my knowledge and belief, and that the same has been approved by the Board of Directors of the corporation, and that I am duly qualified and authorized to execute this certificate.

SIGNATURE:

Manuel Carril President 7/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR