

[Empty rectangular box for additional information]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

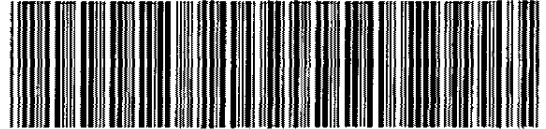
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Empty rectangular box for special instructions]

Office Use Only



600037618006

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1994**



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

**APPROVED
AND
FILED**
94 MAY -1 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
MANUEL CARRIL D.C., P.A.

DOCUMENT #
S39581 (1)

Mailing Address
**8761 NW 41 ST
MIAMI FL 33013**

Principal Place of Business
**8761 NW 41 ST
MIAMI FL 33013**

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, list through incorrect information and enter correction below.

2. Mailing Address	2a. Principal Place of Business	3. Date Incorporated or Qualified	3a. Date of Last Report
21. State, Apt. #, etc.	26. State, Apt. #, etc.	03/21/1991	06/22/1993
22. City & State	27. City & State	4. FCI Number	Applied For Not Applicable
23. Zip	28. Zip	59-3056967	<input type="checkbox"/>
24. Country	29. Country	5. Certificate of Status Dues	6. Election Campaign Financing Level Fund Contribution
25. Country	30. Country	\$8.75 Additional Fee Required	<input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
		7. Nonprofit Exempt from \$138.75 Supplemental Fee	<input type="checkbox"/>
		8. This corporation has liability in intangible tax under S. 199 of Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CARRIL, MANUEL
9761 NW 41 ST
MIAMI FL 33178**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

11 TITLE	D
12 NAME	CARRIL, MANUEL
13 STREET ADDRESS	9935 NW 46TH ST., 203
14 CITY-ST-ZIP	MIAMI FL
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(A), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(A) in the event that the information supplied is divulged, in part or in whole, to the public. I further certify that the information included 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. I do not have any obligations concerning unfiled reports imposed by Chapter 717, Florida Statutes, that I am an officer or director of the corporation or the receiver or trustee or person required to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, if my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **President 4-4-94 (305) (477-7974)**

PRINTED NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR