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(Requestor's Name)

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\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

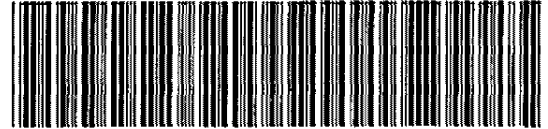
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File Now. Filing Fee after May 1 is \$227

*Remitted in time*

CORPORATION ANNUAL REPORT 1993



FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

93 JUN 22 PM 12:41

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

**MANUEL CARRIL D.C., P.A.**  
~~8761 NW 41ST ST~~  
~~MIAMI FL 33178 2001~~

FILING FEE \$200.00

ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE  
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

3. Date of Report (Month and Year) 03/21/1991  
3a. Date of Filing 06/26/1992

4. FID Number 593056967

5. Certificate of Status (Type)

**\$8.75 Additional Fee Required**  
**\$5.00 May be Added to Fee**  
**\$138.75 Supplemental Fee Not Required**

2. Mailing Address 2a. Principal Place of Business

21. 9761 NW 41<sup>st</sup> Street

26. State, Apt. #, etc.

22. City

27. City & State

23. Miami, FL

28. Country

24. 33013

25. Date

29. Zip Country 30.

9. Name and Address of Current Registered Agent

CARRIL, MANUEL  
9761 NW 41 ST  
MIAMI FL 33178

81. Name

82. Mailing Address (If Different from Registered Agent)

83.

84. City

FL

85.

86.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation, agent, or other person 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, or agent, or other person, and I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE  
2. NAME CARRIL, MANUEL  
3. ADDRESS 8331 W. 24TH CT.  
4. CITY, ST, ZIP MIAMI, FL

13. OFFICERS AND DIRECTORS (SAME)

1. TITLE D  
2. NAME Carril Manuel  
3. ADDRESS 9761 NW 41<sup>st</sup> St #203  
4. CITY, ST, ZIP Miami, FL 33178

14. I certify that the information and data in this annual report or supplementary annual report is true and correct and that my report shows the corporation's financial condition as of the date of the report and that the corporation is in compliance with the provisions of the Florida Statutes, and that my name is on the list of officers and directors of the corporation as of the date of the report.

**X SIGNATURE**  
Print Name of Secretary, Officer, or Director  
**MANUEL CARRIL**

TITLE  
**DIRECTOR**

DATE 5/1/93  
Telephone (Area Code and Number)  
**(305) 477-7976**