

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S43111 (1)**

1. Corporation Name
MARIAN GARCIA, P.A.



Principal Place of Business: **6356 MANOR LANE SUITE 10 B SOUTH MIAMI FL 33143 US**
Mailing Address: **2756 MANOR LANE SUITE 10 B SOUTH MIAMI FL 33143 US**

3. Date Incorporated or Qualified: **04/04/1991**
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business: **21 6356 Manor Lane Suite, Apt. #, etc. 22 Suite 102B City & State 23 South Miami, Florida Zip 24 33143 Country 25 US**
2a. Mailing Address: **26 6356 Manor Lane Suite, Apt #, etc. 27 Suite 102B City & State 28 South Miami, Florida Zip 29 33143 Country 30 US**

4. FEI Number: **65-0252475**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**GARCIA-PEREZ, MARIAN E
6356 MANOR LANE
SUITE 102B
SOUTH MIAMI FL 33143**

10. Name and Address of New Registered Agent
81 Name: **GARCIA PEREZ, MARIAN**
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, Florida Statutes, the above-named corporation submits this 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, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: **P** DELETE
NAME: **GARCIA-PEREZ, MARIAN**
STREET ADDRESS: **6356 MANOR LANE #102B**
CITY-ST-ZIP: **SOUTH MIAMI FL**
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY-ST-ZIP:
2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:
3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:
4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:
5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:
6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 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)(k), Florida Statutes. I further certify that the information indicated 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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M. Garcia Perez* 1-25-96 305 667-3375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)