SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

APPROVED
AND
FILED

97 JUL 31 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **S85517** (8)

1. Corporation Name
GLORIA C. GONZALEZ, P.A.

Principal Place of Business	Mailing Address
~~1579 W. 60 ST.~~ ~~HIALEAH FL 33016~~ US	~~1579 W. 60 ST~~ ~~HIALEAH FL 33016~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/07/1991	3a. Date of Last Report: 02/07/1996
4. FEI Number: 65-0309045	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ NO	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 166 E 49 STREET	26 166 E 49 ST
22 Suite, Apt. #, etc. HIALEAH, FL	27 Suite, Apt. #, etc. HIALEAH, FL
23 City & State	28 City & State
24 Zip 33013 25 Country USA	29 Zip 33013 30 Country USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GONZALEZ, GLORIA C. ESQ. ~~1579 WEST 60TH ST~~ 166 E. 49 ~~TRST~~ HIALEAH FL ~~33016~~ 33013	81 Name: GLORIA C. GONZALEZ 82 Street Address (P.O. Box Number is Not Acceptable): 166 E 49 ST 83 HIALEAH, FL 33013 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	☐ DELETE	1.1 TITLE		☐ Change ☑ Addition
NAME	GONZALEZ, GLORIA C.		1.2 NAME		
STREET ADDRESS	~~1879 WEST 60TH ST~~		1.3 STREET ADDRESS	166 E 49ST	
CITY-ST-ZIP	~~HIALEAH FL~~		1.4 CITY-ST-ZIP	HIALEAH, FL 33013	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, GLORIA C.		2.2 NAME		
STREET ADDRESS	~~1051 W. 29TH ST. #3~~		2.3 STREET ADDRESS	166 EAST 49 ST	
CITY-ST-ZIP	~~HIALEAH FL~~		2.4 CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	100002257501--2	☐ Change ☐ Addition
NAME			4.2 NAME	-08/05/97--01011--002	
STREET ADDRESS			4.3 STREET ADDRESS	****165.00 ****165.00	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	$78.14	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (4/97)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] REQUIRED 7/24/97