

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V07466** (8)

1. Corporation Name  
**FRANCISCO COMPANIONI, O.D., P.A.**



Principal Place of Business Mailing Address  
**12260 SW 8 ST SUITE #124 MIAMI FL 33184**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 State, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified **01/17/1992** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **65-0311261** 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  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**DE OLIVEIRS, ESQ., CHRISTINA  
% DE OLIVEIRA & ASSOCIATES, P.A.  
2701 LE JEUNE ROAD, SUITE 350  
CORAL GABLES FL 33134**

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 607.0602 and 607.1506, 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 607.0606, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995

12. OFFICERS AND DIRECTORS  
1. TITLE  DELETE  
NAME **P COMPANIONI, FRANCISCO O**  
STREET ADDRESS **12260 SW.W 8ST #124**  
CITY-STATE-ZIP **MIAMI FL**  
2. TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
3. TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
4. TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
5. TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995  
1. TITLE  Change  Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY-STATE-ZIP  Change  Addition  
5. NAME  
6. STREET ADDRESS  
7. CITY-STATE-ZIP  Change  Addition  
8. NAME  
9. STREET ADDRESS  
10. CITY-STATE-ZIP  Change  Addition  
11. NAME  
12. STREET ADDRESS  
13. CITY-STATE-ZIP  Change  Addition  
14. NAME  
15. STREET ADDRESS  
16. CITY-STATE-ZIP  Change  Addition  
17. NAME  
18. STREET ADDRESS  
19. CITY-STATE-ZIP  Change  Addition  
20. NAME  
21. STREET ADDRESS  
22. CITY-STATE-ZIP  Change  Addition

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 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, 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 of this report or on the attachment with an address.

SIGNATURE: *Francisco Companioni* **Francisco Companioni** 4-16-96 305 552 1608  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)