

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V10641** (1)

1. Corporation Name  
**MARY G. ARIAS, P.A.**



Principal Place of Business

4649 PONCE DE LEON BLVD.  
 SUITE 404  
 CORAL GABLES FL 33146

Mailing Address

4649 PONCE DE LEON BLVD.  
 SUITE 404  
 CORAL GABLES FL 33146

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

3. Date Incorporated or Qualified <b>01/31/1992</b>	3a. Date of Last Report <b>02/07/1995</b>
4. FEI Number <b>65-0319494</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ALBERNI, PEDRO L.  
 705 BELLA VISTA AVE  
 4649 PONCE DE LEON BLVD. #404  
 CORAL GABLES FL 33146**

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, 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 of officer or director, President, or other authorized officer of corporation Signature of Registered Agent, or other authorized officer of corporation

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
FILE	NAME	FILE	NAME
<input type="checkbox"/> DELETE	<b>PST ARIAS, MARY G 705 BELLA VISTA AVENUE CORAL GABLES FL 33156</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 system 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 attached sheet with an address.

SIGNATURE: *Mary G. Arias* **Mary G. Arias** President **3/17/96**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)