FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION: ANNUAL RÉPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 29, 1999 8:00am **Secretary of State**

			***				01-29-1999	90027 008 ***1.	50 00		
DOCU	MENT # V347 2	22					01-22-1999	70027 000	20.00		
1. Corporatio	ER & CABALLERO, M.D.,										
KINOTIN	EN & CADALLENU, W.D.,	F·M·				}	} 0.00 0.1000 1011 0.000		812(1 212(1 2 12))	41611 41811 (<u>\$</u> 41	
Principal Plac	e of Business	Mailing A	Mailing Address				i indiri alland kirki alam	E	Albii Blaii Biğli	acom arôm raot	
1111 KANE CO	NCOURSE		1111 KANE CONCOURSE					•			
STE, 510	ICLAND EL 20164	STE 510	STE 510 BAY HARBOUR ISLAND FL 33154				DO NOT		00405		
US HANDOUR	ISLAND FL 33154		US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
4.5		•					05/08/1992	ameu	•		
2. Principal P	lace of Business	2a. Mailin	2a. Mailing Address				4. FEI Number	·	. Ar	oplied For	┧.
21	•	26	<u>⊢</u> *				65-0335329		<u> </u>	ot Applicable	18
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						\$8.75	Additional	1
22	· .	27	27				5. Certificate of Status Desired Fee Required				
City & Stat	е	<u> </u>	City & State								
23		28	<u> </u>				Trust Fund Contribution Added to Fees				
 ·	Zip Country		— —		ountry		8. This corporation owes the current year Intangible				
24	9. Name and Address of Cur	29	29 30				Personal Property Tax. Yes 10, Name and Address of New Registered Agent			□No	┦
	9. Name and Address of Cui	rein Registered A	.gent		81 Name		U. Name and Address of I	vew Registered	Agent		{
	HNER, CATHERINE M.	r =		L		· · · · · · · · · · · · · · · · · · ·					_
A451	SHERIDAN AVE	Frederick				Address	Iress (P.O. Box Number is Not Acceptable)				ł
MAIM	AI BEACH FL 33140			h	83	-	2 14 2 1 4 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19 H. 181 P. 14		(7), (18) (E)	1
				L				31.116. 31 11 41 1			
	, , , , , , , , , , , , , , , , , , , ,				84 City			FL	85 Zíp	Code	
11. Pursuant	to the provisions of Sections 607.6 egistered agent, or both, in the Sta	0502 and 607.1508	, Florida Statutes	, the ab	ove-named o	corporat	tion submits this statement for	or the purpose of	changing its	registered	1
office or r	egistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Florida. Such ligations of, Section	i change was auth i 607.0505, Florid	horized la Statul	by the corpo tes.	oration's	board of directors. I hereby	accept the appo	intment as re	gistered	
HS SIGNATURE											
	Signature, typed or printed name of registered			egistered A	gent signature re	equired who	en reinstating) ; []	DATE] {
12.		AND DIRECTORS		13.	·		ADDITIONS/CHANGES T	O OFFICERS AI			{
TITLE	PTD CATHEDINE M		☐ DELETE	1,1 TITL			- CT C33532C		☐ Change	☐ Addition	3
NAME	KIRCHNER, CATHERINE M. 3451 SHERIDAN AVE			1.2 NAW	·						3
STREET ADDRESS	MIAMI BEACH FL	•		1	EET ADDRESS			• •			Ì
CITY-ST-ZIP	VSD		☐ DELETE	2.1 TITL	r-ST-ZIP				Change	Addition	1 8
NAME	CABALLERO, ORLANDO G.	2		2.2 NAM					ogo		
STREET ADDRESS	3451 SHERIDAN AVE				EET ADDRESS						
CITY-ST-ZIP	MIAMI BEACH FL				Y-ST-ZIP			•	,		
TITLE (1979)	Lame date of a	,	DELETE	3,1 TITL					Change	Addition	ĺ
NAME		70.4		3.2 NAM	ne					•	
STREET ADDRESS	CORRESPONDENCE	. "		3.3 STR	EET ADORESS			ina ili mirini	tate brases	1126 à 3-11441	
CITY-ST-ZIP	er tekstra er er er er er			3.4. CIT	Y-ST-ZIP					為控制	J
TITLE	,		DELETE	4,1 T∏L	E		2.7 (2.7)	1. 7 Mill of 491.	∷ Change	Addition	ĺ
NAME	of the contract			4. 2 NAM	AE			_			ĺ
STREET ADDRESS		4.7		4.3 STR	EET ADDRESS			•	Ē		
CITY ST ZIP ():		₹.		4.4 CITY	ST-ZIP						ĺ

14. I 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 trootee 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 with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CiTY-ST-ZIP

5.4 CITY-ST-ZIP

Wayne.

William Control

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

PTO

V3D

\$451 ONE COLON AVE

納城 記念代表

□ DELETE

DELETE

Addition

☐ Addition

☐ Change

Change