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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 21 1997 8:00am

Secretary of State

CR2E034

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # V48209** 

(3)JORGE M. GUTIERREZ D.D.S., P.A. Principal Place of Business Mailing Address 3822 W. 16 AVE. 3822 W. 16 AVE. HIALEAH FL 33012 HIALEAH FL 33012-7040 3. Date Incorporated or Qualified 3a. Date of Last Report 07/07/1992 03/19/1996 4. FEI Number 2. Principal Place of Business 2a. Maning Address Applied For 65-0343195 Not Applicable 21 26 Suite, Apt. #, etc. Suite Apt, #. etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country  $Z_{10}$ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes ☐ No 29 30 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **GUTIERREZ, JORGE M.** 3822 W. 16 AVE. 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33012 83 84 City 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. Lam familiar with, and accept the obligations of. Section 607,0505, Florida Statutes. SIGNATURE Slight tire, typed or perhed none of registered agost and to inflapril casts (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. (96/6)DELETE Change Addition 1.1 TITLE TITLE GUTIERREZ, JORGE M. 1.2 NAME 3822 W. 16 AVE. 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 1.4 CITY-ST-ZIP CITY-ST-Z0F DELETE Change ☐ Addition 2.1 T/TLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS 2. 4 CITY - ST - ZIP COY-ST-214 Addition DELETE Change TITLE 3.1 TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY - ST - Zif Addition DELETE Change TITLE 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - 7IP 4.4 CITY - ST- ZIP DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY ST-ZIP DELETE Change Addition TILLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 14. I do hereby certify that the inform applied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the

If 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 portation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name information indicated on this annual fam an officer or director of the c appears in Block 12 or Block

SIGNATURE: 🐼

onge M. Cuticenez Pros 1-13-90 305-3