

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V58974**

1. Corporation Name

ZIMBLE FORMOSO-MURIAS PROFESSIONAL ASSOCIATION

Principal Place of Business

**1101 BRICKELL AVE.
PENTHOUSE
MIAMI FL 33131**

Mailing Address

**1101 BRICKELL AVE.
PENTHOUSE
MIAMI FL 33131**

2. Principal Place of Business

21 401 S.W. 27th Avenue
Suite, Apt. #, etc.

22

City & State

23 Miami, FL

Zip

Country

24 33135

25

2a. Mailing Address

26 401 S.W. 27th Avenue
Suite, Apt. #, etc.

27

City & State

28 Miami, FL

Zip

Country

29 33135

30

9. Name and Address of Current Registered Agent

**FORMOSO-MURIAS, HECTOR
1101 BRICKELL AVE.
PENTHOUSE
MIAMI FL 33131**

81 Name

FMR Corp.

82 Street Address (P.O. Box Number is Not Acceptable)

401 S.W. 27th Avenue

83

84 City

Miami,

FL

85 Zip Code
33135

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

FMR Corp by its President, Hector Formoso-Murias

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent's signature and title are not required)

12. OFFICERS AND DIRECTORS

11 TITLE **PSO** [] DELETE

NAME FORMOSO-MURIAS, HECTOR

STREET ADDRESS 1101 BRICKELL AVE.

CITY-ST-ZIP MIAMI FL 33131

12 TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13 TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14 TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

15 TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

16 TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

17 TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

**401 S.W. 27th Avenue
Miami, FL 33135**

9000002769299--6

-02/09/99-01046-019

******150.00 ****150.00**

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d) 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 217, 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 fee empowered.

SIGNATURE:

Hector Formoso-Murias

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

SEP 11 PM 12:12



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1992

4. FEI Number

65-0353792

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 owes the current year Intangible
Personal Property Tax [] Yes [X] No

10. Name and Address of New Registered Agent

0185662

CR2E034 (11/99)

124/99

(305) 372-0700