## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT FLORIDA DEPARTMENT OF STATE Jan 21 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 291815 (9)HUFSEY- NICOLAIDES-GARCIA-SUAREZ ASSOCIATES, INC Principal Place of Business Mailing Address 10250 S.W. 56TH STREET 10250 S.W. 56TH STREET SUITE B-201 SUITE B-201 DO NOT WRITE IN THIS SPACE MIAMI FL 33165-7064 MIAMI FL 33165-7064 3. Date Incorporated or Qualified 04/09/1965 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1100691 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional W 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Ζiρ Country Country Zip 8. This corporation owes or has paid the current year Intangible ✓ Yes 25 29 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GARCIA, CARLOS 11965 S.W. 100TH TERRACE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33186 83 84 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE GARCIA, CARLOS MAME 12 NAME 11965 SW 100TH TERR STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE. Change Addition SUAREZ, ENRIQUE J NAME 2.2 NAME 1003 SANTIAGO ST STREET ADDRESS 2.3 STREET ADDRESS CORAL GABLES FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE ORRIOLS, ALBERTO 3.2 NAME NAME 13340 SW 82ND ST 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 3.4. CITY - ST - ZIP CITY - ST - ZIP Change DELETE Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP

DELETE

6.1 TITLE

6.2 NAME

IRED

**5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP 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 to 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 of the

**SIGNATURE:** 

officer or director of the Block 12 or Block 13 if

TITLE

NAME

STREET ADDRESS

113198

305-2709935

Change

Addition

E034