

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 528526 (7)

1. Corporation Name

BERMELLO, AJAMIL & PARTNERS, INC.



Principal Place of Business

2601 S BAYSHORE DR
STE 1000
MIAMI FL 33133

Mailing Address

2601 S BAYSHORE DR
STE 1000
MIAMI FL 33133

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
02/28/1977

3a. Date of Last Report
04/25/1995

4. FEI Number
59-1722486

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BERMELLO, WILLY A.
2601 S BAYSHORE DR
STE 1000
MIAMI FL 33133

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, Sections 607.0505, Florida Statutes.

SIGNATURE

Signature of person authorized to execute this statement

Signature of Registered Agent (must be printed when changing)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	P	☐ DELETE
2. NAME	BERMELLO, WILLY AREL	
3. STREET ADDRESS	2601 S BAYSHORE DR #1000	
4. CITY, ST, ZIP	MIAMI FL	
5. TITLE	S	☐ DELETE
6. NAME	MARTINEZ, NELSON C.	
7. STREET ADDRESS	2601 S BAYSHORE DR #1000	
8. CITY, ST, ZIP	MIAMI FL	
9. TITLE	EVP	☐ DELETE
10. NAME	LUIS, AJAMIL P	
11. STREET ADDRESS	2601 S. BAYSHORE DR., #1000	
12. CITY, ST, ZIP	MIAMI FL	
13. TITLE	AS	☒ DELETE
14. NAME	SIMEON, NANCY	
15. STREET ADDRESS	2601 S. BAYSHORE, #1000	
16. CITY, ST, ZIP	MIAMI FL	
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		
21. TITLE		☐ DELETE
22. NAME		
23. STREET ADDRESS		
24. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

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)(g), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if I am not, or only after I attach a report with an address.

SIGNATURE:

Willy A. Bermello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLY A. BERMELLO

January 18th, 1996 (305) 859 2050
Date Time Phone

CR2E034 (12/95)