

PROFIT CORPORATION ANNUAL REPORT
2000



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

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90018 044 ***158.75

DOCUMENT # 528526

1. Corporation Name

BERMELLO, AJAMIL & PARTNERS, INC.

Principal Place of Business

2601 S BAYSHORE DR
TENTH FLOOR-SUITE 1000
MIAMI FL 33133

Mailing Address

2601 S BAYSHORE DR
TENTH FLOOR-SUITE 1000
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1977

4. FEI Number

59-1722486

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax.

☐ 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, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Assistant Secretary
NAME	BERMELLO, WILLY AREL	1.2 NAME	ELIZABETH NEWLAND
STREET ADDRESS	2601 S BAYSHORE DR #1000	1.3 STREET ADDRESS	2601 South Bayshore Drive - 10th Floor
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33133
TITLE	S	2.1 TITLE	
NAME	MARTINEZ, NELSON C.	2.2 NAME	
STREET ADDRESS	2601 S BAYSHORE DR #1000	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	2.4 CITY-ST-ZIP	
TITLE	EVP	3.1 TITLE	
NAME	LUIS, AJAMIL P	3.2 NAME	
STREET ADDRESS	2601 S BAYSHORE DR., #1000	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	
NAME	AGUAYO, PERLA	4.2 NAME	
STREET ADDRESS	2601 S BAYSHORE DR., #1000	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 changed, of our attachment in all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

(305) 859-2050

Date

Daytime Phone