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Feb 14 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 553548

(9)

1. Corporation Name

MEMBIELA & ASSOCIATES INC.



Principal Place of Business

782 N.W. 42 AVE
#532
MIAMI FL 33126
US

Mailing Address

782 N.W. 42 AVE
#534
MIAMI FL 33126-5548
US

3. Date Incorporated or Qualified

09/20/1977

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 782 NW 42 Avenue

2a. Mailing Address

26 782 NW 42 Avenue

Suite, Apt. #, etc.

22 Suite 430

Suite, Apt. #, etc.

27 Suite 430

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

Zip

24 33126

Country

25

Zip

29 33126

Country

30

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEMBIELA, JOAQUIN
782 N.W. 42 AVE
STE #534
MIAMI FL 33126

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
782 N.W. 42 Avenue

83 Suite 430

84 City
MIAMI

FL

85 Zip Code
33126

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 PTD ☐ DELETENAME MEMBIELA, JOAQUIN R
STREET ADDRESS 782 N.W. 42 AVE #534
CITY-ST-ZIP MIAMI FL1.1 TITLE ☒ Change ☐ AdditionTITLE S ☐ DELETENAME MEMBIELA, MARTA M.
STREET ADDRESS 782 NW 42 AVE #534
CITY-ST-ZIP MIAMI FL1.2 NAME
1.3 STREET ADDRESS 782 N.W. 42ND AVENUE #430
1.4 CITY-ST-ZIP MIAMI, FL 331262.1 TITLE ☒ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP2.2 NAME
2.3 STREET ADDRESS 782 N.W. 42ND AVENUE #430
2.4 CITY-ST-ZIP MIAMI, FL 331263.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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, or on an attachment with an address.

SIGNATURE: JOAQUIN R. MEMBIELA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 446-4006

CR2E034 (9/96)