

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Shirley B. Morham,  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F06560** (9)

1. Corporation Name  
**SANCHELIMA & ASSOCIATES, P.A.**



Principal Place of Business: **% JESUS SANCHELIMA 235 SW 42ND AVE. MIAMI FL 33134**  
Mailing Address: **% JESUS SANCHELIMA 235 SW 42ND AVE. MIAMI FL 33134**

3. Date Incorporated or Qualified <b>11/24/1980</b>	3a. Date of Last Report <b>04/24/1995</b>
4. FLI Number <b>59-8048637</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>SANCHELIMA, JESUS 235 S.W. LEJEUNE RD. MIAMI FL 33134</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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11. Pursuant to the provisions of Sections 607.0602 and 607.1509, 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 607.0603, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME: <b>PS SANCHELIMA, JESUS</b>	<input type="checkbox"/> DELETE	1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>235 S.W. LEJEUNE RD.</b>		2. NAME:	
CITY, ST, ZIP: <b>MIAMI FL</b>		3. STREET ADDRESS:	
TITLE:	<input type="checkbox"/> DELETE	4. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		6. NAME:	
CITY, ST, ZIP:		7. STREET ADDRESS:	
TITLE:	<input type="checkbox"/> DELETE	8. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		9. NAME:	
STREET ADDRESS:		10. STREET ADDRESS:	
CITY, ST, ZIP:		11. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	<input type="checkbox"/> DELETE	12. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		13. NAME:	
STREET ADDRESS:		14. STREET ADDRESS:	
CITY, ST, ZIP:		15. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	<input type="checkbox"/> DELETE	16. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		17. NAME:	
STREET ADDRESS:		18. STREET ADDRESS:	
CITY, ST, ZIP:		19. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* 4/12/96 305 441617  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)