FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G34274

1. Corporation Name

AMADOR & AMADOR, P.A.

FILED
Jan 23, 1999 8:00 am
Secretary of State
01_23_1999 90064 012 ***150 00



Principal Place	e of Business	Mai	ling Address					1 153 11511 3060 (1114) 31010 (1305) (1	DII AYDU QADIK Q a	A(t kinet niket		
780 NW LEJEUN		780	NW LEJEUNE RD					·				
SUITE 423			E 423					DO NOT WEL	TE IN THIS	SDACE		
MIAMI FL 33126-5536 MIAMI FL 33126-5536 US								DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified				
US		US					3.	03/28/1983				
2 Principal D	lace of Business	2a.	Mailing Address				4.	FEI Number		A	oplied For	
21 21	lace of Business	26	ag , to a. ooo					59-2281655			ot Applicable	
Suite, Apt.	#. etc.		Suite; Apt. #, etc.							\$8.75	Additional	
22	•	27					5.	Certificate of Status Desired		Fee R	equired	
City & State	e		City & State				6.	Election Campaign Financing		•	May Be	
23		28						Trust Fund Contribution			to Fees	
Zip	Country		Zip		Country			This corporation owes the curr	ent year inta			
24	25	29		30	- _T			Personal Property Tax.	Pagistared A	Yes	□No	
	9. Name and Address of Curre	nt Registe	ered Agent		81	Name	10.	Name and Address of New I	tegistereu z	agent		
AMA	DOR, ROLANDO A.					1						
	NW LEJEUNE RD				82	Street Add	ress (F	O. Box Number is Not Accepta	able)			
	TE 423				83			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SECTION OF THE SECTIO		\$120 E 11 E	
	WI FL 33126							· 10 特 · · · · · · · · · · · · · · · · · ·	N COUNTY			
					84	City			FI	85 Zip	Code	
44 Discussion	**** DOT OF	02 and 60	7 1508 Florida Stat	utes the a	l above	a-named cord	ooration	n submits this statement for the	purpose of	changing its	s registered	
office or r	registered agent or hoth. In the Stati	e of Fiorida	a. Such change was	authoriza	d by	the cornorati	ion's bo	oard of directors. I hereby accer	ot the appoir	ntment as re	egistered	
				Josida Stat	tuton	and corporati						
agent. I a	im familiar with, and accept the oblig	gations of,	Section 607.0505, F	lorida Stat	tutes	i.					ļ	
MacCagent I a	im familiar with, and accept the oblig	jations of,	Section 607.0505, F	lorida Stat	tutes	i. 	ed when r	reinstating)	DATE			
agent. I a	Signature, typed or printed name of registered ag OFFICERS A	pations of,	applicable. (NO	lorida Stat	tutes d Agen	i. 	ed when r		DATE	D DIRECT	ORS IN 12	
agent. I a	Signature, typed or printed name of registered a OFFICERS A DPTS	pations of,	applicable. (NO	TE: Registered	tutes d Agen	i. 	ed when r	reinstating)	DATE			
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A DPTS AMADOR, ROLANDO A.	pations of,	applicable. (NO	TE: Registered	tutes d Agen	i. 	ed when r	reinstating)	DATE	D DIRECT	ORS IN 12	
SIGNATURE 12.	Signature, typed or printed name of registered as OFFICERS A DPTS AMADOR, ROLANDO A. 780 NW LEJEUNE RD, #423	pations of,	applicable. (NO	TE: Registered	d Agen	i. 	ed when r	reinstating)	DATE	D DIRECT	ORS IN 12	
SIGNATURE 12. TITLE . NAME	Signature, typed or printed name of registered at OFFICERS A DPTS AMADOR, ROLANDO A.	pations of,	Section 607.0505, F applicable. (NO CTORS DELETE	TE: Registered 13. 1.1 T 1.2 N 1.3 S 1.4 C	INTLE NAME STREET	nt signature require	ed when r	reinstating)	DATE	D DIRECTo	ORS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A DPTS AMADOR, ROLANDO A. 780 NW LEJEUNE RD, #423	pations of,	applicable. (NO	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T	d Agen TILE NAME STREET	nt signature require	ed when r	reinstating)	DATE	D DIRECT	ORS IN 12	
AME AGAINT AME TILE - NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A DPTS AMADOR, ROLANDO A. 780 NW LEJEUNE RD, #423	pations of,	Section 607.0505, F applicable. (NO CTORS DELETE	TE: Registered 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N	d Agen TILE VAME CITY-ST	nt signature require	ed when r	reinstating)	DATE	D DIRECTo	ORS IN 12	
*** agent: I a signature ***********************************	Signature, typed or printed name of registered as OFFICERS A DPTS AMADOR, ROLANDO A. 780 NW LEJEUNE RD, #423 MIAMI FL	pations of,	Section 607.0505, F applicable. (NO CTORS DELETE	TE: Registered 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S	ITLE VAME CITY-ST TILE VAME CITY-ST CITY-ST CITY-ST CITREET CITY-ST	nt algnature require T ADDRESS T-ZIP T ADDRESS	ed when r	reinstating)	DATE	D DIRECTo	ORS IN 12	
*** agent: 1 a signature ***SIGNATURE 12. TITLE . NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A DPTS AMADOR, ROLANDO A. 780 NW LEJEUNE RD, #423 MIAMI FL	pations of,	section 607.0505, F applicable. (NO CTORS DELETE DELETE	VTE: Registered 13. 1.1.T 12.N 1.3.S 1.4.C 2.1.T 2.2.N	d Agen TILE NAME STREET CITY-ST	nt algnature require T ADDRESS T-ZIP T ADDRESS	ed when r	reinstating)	DATE	D DIRECTI Change	ORS IN 12 Addition	
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A DPTS AMADOR, ROLANDO A. 780 NW LEJEUNE RD, #423 MIAMI FL	pations of,	Section 607.0505, F applicable. (NO CTORS DELETE	VE: Registered 13. 11.1 12.N 13.5 14.0 2.11 22.N	ITLE VAME STREET CITY-ST CITY-ST CITY-ST CITY-ST CITY-ST	nt algnature require T ADDRESS T-ZIP T ADDRESS	ed when r	reinstating)	DATE	D DIRECTo	ORS IN 12	
agant. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered as OFFICERS A OFFICERS A AMADOR, ROLANDO A. 780 NW LEJEUNE RD, #423 MIAMI FL	pations of,	section 607.0505, F applicable. (NO CTORS DELETE DELETE	TE: Registered 13. 1.1 T 12 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 (3.1 T 3.2 N	ITTLE VAME TITLE VAME TITLE VAME TITLE VAME TITLE VAME TITLE VAME VAME VAME VAME	nt signature require T ADDRESS T-ZIP T ADDRESS ST-ZIP	ed when r	reinstating)	DATE	D DIRECTI Change	ORS IN 12 Addition	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	im familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A DPTS AMADOR, ROLANDO A. 780 NW LEJEUNE RD, #423 MIAMI FL	pations of,	section 607.0505, F applicable. (NO CTORS DELETE DELETE	TE: Registered 13. 1.1 T 12N 1.3 S 1.4 C 2.1 T 2.2 N	d Agen TITLE NAME CITY-ST TITLE VAME CITY-ST TITLE VAME VAME VAME VAME VAME VAME	T ADDRESS T ADDRESS T-ZIP T ADDRESS ST-ZIP	ed when r	reinstating)	DATE	D DIRECTI Change	ORS IN 12 Addition	
agant. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	im familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A DPTS AMADOR, ROLANDO A. 780 NW LEJEUNE RD, #423 MIAMI FL	pations of,	applicable. (NO CTORS DELETE DELETE	13. 11.1 T 12.N 1.3 S 14.0 2.1 T 22.N 2.3 S 2.4 4 3.1 T 32.N 33.8 3.4.0	ITTLE NAME CITY-ST TITLE VAME STREET CITY-ST TITLE VAME CITY-ST C	T ADDRESS T ADDRESS T-ZIP T ADDRESS ST-ZIP	ed when r	reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTO Change	ORS IN 12 Addition	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	im familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A DPTS AMADOR, ROLANDO A. 780 NW LEJEUNE RD, #423 MIAMI FL	pations of,	section 607.0505, F applicable. (NO CTORS DELETE DELETE	TE: Registered 13. 1.1 T 12N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 (3.1 T 3.2 N 3.3 S 3.4 (4.1 T	ITILE TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ed when r	reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTO Change	DRS IN 12 Addition Addition	
agant. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered at OFFICERS A DPTS AMADOR, ROLANDO A. 780 NW LEJEUNE RD, #423 MIAMI FL	gent and tide if	Section 607.0505, F applicable. (NO CTORS DELETE DELETE DELETE	TE: Registered 13. 1.1 T 12N 1.3 S 1.4 C 2.1 T 2.2 N	A Agent Agen	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ed when r	reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTO Change	DRS IN 12 Addition Addition	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered at OFFICERS A DPTS AMADOR, ROLANDO A. 780 NW LEJEUNE RD, #423 MIAMI FL	gent and tide if	applicable. (NO CTORS DELETE DELETE	TE: Registered 13. 1.1 T 12N 1.3 S 1.4 C 2.1 T 2.2 N - 2.3 S 2.4 (3.1 T 3.2 N 3.3 S 3.4 (4.1 T 4.2 I 4.3 S	A Agent Agen	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	ed when r	reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTO Change	DRS IN 12 Addition Addition	
agant. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered at OFFICERS A DPTS AMADOR, ROLANDO A. 780 NW LEJEUNE RD, #423 MIAMI FL	gent and tide if	Section 607.0505, F applicable. (NO CTORS DELETE DELETE DELETE	TE: Registered 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 4 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 C 4.3 S 4.4 C	A Agent Agen	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	ed when r	reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTO Change	DRS IN 12 Addition Addition Addition	
agant. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE	Signature, typed or printed name of registered at OFFICERS A DPTS AMADOR, ROLANDO A. 780 NW LEJEUNE RD, #423 MIAMI FL	gent and tide if	Section 607.0505, F applicable (NO CTORS DELETE DELETE	TE: Registered 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 4 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 C 5.1 T	IN Agent ITTLE WAME STREET ST	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	ed when r	reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTI Change Change	DRS IN 12 Addition Addition Addition	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	Signature, typed or printed name of registered as OFFICERS A OFFICERS A AMADOR, ROLANDO A. 780 NW LEJEUNE RD, #423 MIAMI FL	gent and tide if	Section 607.0505, F applicable (NO CTORS DELETE DELETE	TE: Registered 13. 1.1 T 12N 1.3 S 1.4 C 2.1 T 2.2 N - 2.3 S 2.4 4 3.1 T 3.2 N 3.3 S 3.4 (4.1 T 4.2 I 4.3 S 4.4 C 5.1 T 5.2 N	INTRO INTERPORT	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	ed when r	ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTI Change Change	DRS IN 12 Addition Addition Addition	
agant. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE	Signature, typed or printed name of registered at OFFICERS A OFFICERS A AMADOR, ROLANDO A. 780 NW LEJEUNE RD, #423 MIAMI FL	gent and tide if	Section 607.0505, F applicable (NO CTORS DELETE DELETE	TE: Registered 13. 1.1 T 12N 1.3 S 1.4 C 2.1 T 2.2 N - 2.3 S 2.4 (3.1 T 3.2 N 3.3 S 3.4 (4.1 T 4.2 I 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	INTRO INTERPORT	T ADDRESS TT ADDRESS	ed when r	reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECT Change Change Change	DRS IN 12 Addition Addition Addition Addition	
agant. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	im familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A DPTS AMADOR, ROLANDO A. 780 NW LEJEUNE RD, #423 MIAMI FL	gent and tide if	Section 607.0505, F applicable (NO CTORS DELETE DELETE	TE: Registered 13. 1.1 T 12N 1.3 S 1.4 C 2.1 T 2.2 N - 2.3 S 2.4 (3.1 T 3.2 N 3.3 S 3.4 (4.1 T 4.2 I 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C	INTLE	T ADDRESS TT ADDRESS	ed when r	ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTI Change Change	DRS IN 12 Addition Addition Addition Addition	
AGAINT AG	Signature, typed or printed name of registered at OFFICERS A DPTS AMADOR, ROLANDO A. 780 NW LEJEUNE RD, #423 MIAMI FL	gent and tide if	Section 607.0505, F applicable. (NO CTORS DELETE DELETE DELETE	TE: Registered 13. 1.1 T 12N 1.3 S 1.4 C 2.1 T 22N	d Agen TITLE STREET TITLE WAME STREET CITY-STITLE WAME STREET CITY-S TITLE NAME STREET CITY-S TITLE	T ADDRESS ST-ZIP	ed when r	ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECT Change Change Change	DRS IN 12 Addition Addition Addition Addition	

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 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 with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-441-11-44

Daytime Phone #