

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

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90059 021 \*\*\*150.00

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1. Corporation Name

PARENTI, FALK, WAAS, HERNANDEZ & CORTINA, P.A.

Principal Place of Business

113 ALMERIA AVE  
CORAL GABLES FL 33134

Mailing Address

113 ALMERIA AVE  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1983

4. FEI Number

59-2361828

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

FALK, GLENN P.  
113 ALMERIA AVENUE  
SUITE 400  
MIAMI FL 33134

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

TITLE ☐ DELETE

NAME DP  
FALK, GLENN P  
STREET ADDRESS 7890 SW 156 ST  
CITY-ST-ZIP MIAMI, FL 00000 33157

TITLE ☐ DELETE

NAME DVP  
PARENTI, MICHAEL J III  
STREET ADDRESS 151 S.E. 15TH RD. #1901  
CITY-ST-ZIP MIAMI, FL 00000

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DP  
Falk, Glenn P.  
1.3 STREET ADDRESS 113 Almeria Ave  
1.4 CITY-ST-ZIP Miami, FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME DVP  
Parenti, Michael J III  
2.3 STREET ADDRESS 113 Almeria Ave  
2.4 CITY-ST-ZIP Miami, FL

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Hernandez, Edward  
3.3 STREET ADDRESS Treasurer  
113 Almeria Ave  
3.4 CITY-ST-ZIP Miami, FL

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Secretary  
4.3 STREET ADDRESS Waas, Norman  
113 Almeria Ave  
4.4 CITY-ST-ZIP Miami, FL

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME Asst. Secretary  
5.3 STREET ADDRESS Parenti, Gail  
113 Almeria Ave  
5.4 CITY-ST-ZIP Miami, FL

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME Asst. Secretary  
6.3 STREET ADDRESS Cortina, Armando  
113 Almeria Ave  
6.4 CITY-ST-ZIP Miami, FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)