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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

DOCUMENT # **J58598** **(0)**

1. Corporate Name

PEREZ-ABREU, ZAMORA & HILLMAN-WALLER, P.A.

Principal Place of Business

901 PONCE DE LEON BLVD. STE 502
CORAL GABLES FL 33134

Mailing Address

901 PONCE DE LEON BLVD. STE 502
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/20/1987**

3a. Date of Last Report: **02/01/1994**

4. FEI Number: **59-2767326** ☐ 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. Is the corporation now engaged in business in Florida? ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ZAMORA, ENRIQUE
901 PONCE DE LEON BLVD., SUITE 502
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City **FL** 05 Zip Code

11. [illegible]

12. OFFICERS AND DIRECTORS

	P
NAME	PEREZ-ABREU, JAVIER
STREET ADDRESS	1019 MALAGA AVE
CITY-ST-ZIP	CORAL GABLES FL
	ST
NAME	ZAMORA, ENRIQUE
STREET ADDRESS	6800 SW 72ND CT
CITY-ST-ZIP	MIAMI FL
	VD
NAME	HILLMAN-WALLER, LOUIS
STREET ADDRESS	915 SOROLLA AVE.
CITY-ST-ZIP	CORAL GABLES FL

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS

☐ Change ☐ Addition

14. To the best of my knowledge, the information supplied with this report is complete, accurate and does not qualify for the exemptions stated in Section 119.07, Florida Statutes. I further certify that the information indicated on this 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 with an indication of any change or addition with an address.

SIGNATURE: [signature] Louis H. Hillman-Waller 1/13/95 305-443-8794

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0137716 CP