

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000082369 (8)**

1. Corporation Name:

**HUGO SOTOLONGO & ASSOCIATES, INC.**



Principal Place of Business

Mailing Address

3992 ATLANTA STREET  
HOLLYWOOD FL 33021

3992 ATLANTA STREET  
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified  
**12/02/1993**

3a. Date of Last Report  
**04/10/1995**

2. Principal Place of Business

2a. Mailing Address

21. 169 Lincoln Rd,  
Suite, Apt. #, etc.

23. 169 Lincoln Rd.  
Suite, Apt. #, etc.

4. FEI Number

**65-0567495**

Applied For  
 Not Applicable

22. Suite 315  
City & State

27. Suite 315  
City & State

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

23. Miami Beach, FL  
Zip Country

28. Miami Beach, FL  
Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be Added to Fees**

24. 33139 25. USA

29. 33139 30. USA

8. 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

SOTOLONGO, HUGO  
3992 ATLANTA STREET  
HOLLYWOOD FL 33021

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *Hugo Sotolongo - Hugo Sotolongo*

DATE: **3/7/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SOTOLONGO, ANGELA Z	
STREET ADDRESS	850 SW 13TH COURT	
CITY - ST - ZIP	MIAMI FL 33135	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SOTOLONGO, ANGELA Z	
STREET ADDRESS	850 SW 13TH COURT	
CITY - ST - ZIP	MIAMI FL 33135	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hugo Sotolongo	
1.3 STREET ADDRESS	169 Lincoln Rd., Ste 315	
1.4 CITY - ST - ZIP	Miami Beach, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with 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: *Hugo Sotolongo - Hugo Sotolongo*

DATE: **3/7/96** (305) 672-9009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)