

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

**DOCUMENT # P94000025926 (4)**

1. Corporation Name

**GARCIA & GARCIA, CPA, P.A.**



Principal Place of Business	Mailing Address
8221 CORAL WAY MIAMI FL 33155	8221 CORAL WAY MIAMI FL 33155

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
03/29/1994	02/14/1995
4. FEI Number	Applied For
65-0484575	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

**9. Name and Address of Current Registered Agent**

**GARCIA, FEDERICO  
8221 CORAL WAY  
MIAMI FL 33155**

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 is required on this filing)

DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PS	<input type="checkbox"/>
NAME	GARCIA, FEDERICA	
STREET ADDRESS	8221 CORAL WAY	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VPT	<input type="checkbox"/>
NAME	GARCIA, ISA	
STREET ADDRESS	8221 CORAL WAY	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1.1 TITLE		<input type="checkbox"/>
1.2 NAME	GARCIA, FEDERICO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE		<input type="checkbox"/>
2.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/>
3.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/>
4.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/>
5.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/>
6.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS		
6.4 CITY-STATE-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: *Federico Garcia* *Federico Garcia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96 (305) 266-9293  
Telephone Number

CR2E034 (12/95)