

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P 94 0000 37148

1. Corporation Name

de la O + Marko, P.A.

95 JUL 27 AM 9:39

MILLANOSSEE, FLORIDA

Principal Place of Business

Mailing Address

150 W. Flagler St
2100
Miami, FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/94

3a. Date of Last Report

N/A

2. Principal Place of Business

21 2 So. Bisc Blvd

2a. Mailing Address

26 2 So Bisc Blvd

4. FEI Number

65-0492134

Suite, Apt. #, etc

22 2600

Suite, Apt. #, etc

27 2600

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Miami, FL

City & State

28 Miami, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 33131-1802

25 USA

29 33131-1802

30 USA

8. This corporation files returns for information tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

David E. Marko
One Biscayne Tower
2 So. Biscayne Blvd, Ste 2600
Miami, FL 33131-1802

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 of Current Registered Agent (Required when changing agent)

Signature of New Registered Agent (Required when changing agent)

(A1)

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	David E. Marko
STREET ADDRESS	2 So Bisc Blvd, Suite 2600
CITY, ST, ZIP	Miami, FL 33131-1802
TITLE	NAME
NAME	Miguel M. de la O
STREET ADDRESS	2 So Bisc Blvd, Suite 2600
CITY, ST, ZIP	Miami, FL 33131-1802
TITLE	NAME
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	NAME
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	NAME
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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****225.00 ****225.00

14. I declare under penalty that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032 Florida Statutes. I further certify that the information is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or persons responsible for filing this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this filing. I am attaching the following:

SIGNATURE: X

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miguel M. de la O 7/10/95 (305) 358-2900