Applied For

\$8.75 Additional

Not Applicable

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

DOCUMENT # P95000027254

1. Corporation Name

ALVAREZ, ARMAS & BORRON, P.A.

A Disse of Business	Mailing Address
Principal Place of Business 255 UNIVERSITY DRIVE CORAL GABLES FL 33134	255 UNVIERSITY DRIVE CORAL GABLES FL 33134
2. Principal Place of Business	2a. Mailing Address

26

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90012 046 ***150.00

3. Date Incorporated or Qualifed

04/06/1995

65-0374177

4. FEI Number



DO NOT WRITE IN THIS SPACE

21		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required			
Suite, Apt. #,	etc.	27					\$5.00 Ma	ay Be
22		City & State	**		Election Campaign Finance Trust Fund Contribution		Added to F	
City & State		28			This corporation owes the	current year li	ntangible	
23	Country		Country	Demonst Property Tax.				No
Zip	25	29 30	<u> </u>		10. Name and Address of N	ew Registere	d Agent	
24	9. Name and Address of Current	Registered Agent	81	Name				_
			1.7		and Alexander in Not Ac	centable)		
BORF	ON, JORGE C		82	Street Addre	ess (P.O. Box Number is Not Ac			<u> </u>
! 255 t	INIVERSITY DRIVE		83				4. 图图 编辑	11 11 11
CORA	AL GABLES FL 33134					- 1 - 18 - 18 - 18 - 18 - 18 - 18 - 18	85 Zip Co	ode
			84	City		F		
\				named corr	poration submits this statement for	or the purpose	of changing its re	egistered istered
A4: Simuont t	to the provisions of Sections 607.0502 agistered agent; or both, in the State on familiar with, and accept the obligati	and 607.1508, Florida Statutes,	the above	the corporation	on's board of directors. I hereby	accept the app	Mulitarit do 109.	
office or re	to the provisions of Sections, in the State of agent, or both, in the State of familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes			,	* - <u>*,4 _</u>	·
agent. Far	The state of the s	· ·				DATE		
SIGNATURE	Signature, typed or printed name of registered agent	and the mapping	egistered Ager	t signatule require	ADDITIONS/CHANGES T	O OFFICERS	AND DIRECTOR	Addition
12.	OFFICERS ANI) DIRECTORS	1.1 TITLE		1823 - 41.5		Change	[] Additi
TITLE	VSD	DELETE	4	• }			•	
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	ARE LINBURDOITY DD			TADORESS				Addit
STREET ADDRESS	CORAL GABLES FL		1.4 CITY-5	ST-ZIP			☐ Change	L. Addin
CITY-ST-ZIP	VID	☐ DELETE	2.1 TITLE	ļ	•		:	
NAME	DE ARMAS, JA A		2.2 NAME					
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STREET ADDRESS	CORAL GABLES FL 33134	· · · · · · · · · · · · · · · · · · ·	2.4 CITY			<u> </u>	Change	
CITY-ST-ZIP	PD PD	☐ DELETE	3.1 TITLE				• .	
NAME ()	BORRON, JORGE C		3.2 NAME	ET ADDRESS			- July 1985	7.7
STREET ADDRESS	THE THIRT POINT OF			4			3 ¹ 3 5 8 6 4 9 1	. I ∏ Addi
CITY-ST-ZIP	CORAL GABLES FL		3.4. CITY 4.1 TITLE			- 1	Change:	L Mon
TITLE	, V	DELETE	4.7 (11L)	1	• • •		•	•
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CITY-ST-ZIP		DELETE	5.1 TITL				□ Cusude	
TITLE			5.2 NAA	,		•	•	
NAME			5.3 STF	EET ADDRESS				
STREET ADDRE	ss			Y-ST-ZIP			Change	Ad
CITY-ST-ZIP	75%	DELETE	6.1 TIT				- Citalide	, U,
TITLE	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- Deterio	6.2 NA	ME .				
NAME			6.3 STI	REET ADDRESS				
STREET ADDRE	ss 1						or certify that the	e informat
CITY-ST-ZIP		16.6	the ever	motion stated	in Section 119.07(3)(i), Florida	Statutes, I furt	le under oath: th	at I am an

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 supplies that I am an an 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.