

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000074334 (0)

1. Corporation Name
CUEVAS & RUBIN, P.A.



Principal Place of Business
**9100 SOUTH DADELAND BLVD.
SUITE 901
MIAMI FL 33156**

Mailing Address
**9100 SOUTH DADELAND BLVD.
SUITE 901
MIAMI FL 33156**

2. Principal Place of Business
21 **9200 So. Dadeland Blvd.**
22 **Suite 603**
23 **Miami, Florida**
24 **33156** 25 **Dade**

2a. Mailing Address
26 **9200 So. Dadeland Blvd.**
27 **Suite 603**
28 **Miami, Florida**
29 **33156** 30 **Dade**

3. Date Incorporated or Qualified **09/26/1995**
3a. Date of Last Report
4. FLIN Number **65-0610240**
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. This corporation has liability for intangible tax under s. 199.032 Florida Statutes. Yes No
10. Name and Address of New Registered Agent

**CUEVAS, ANDREW
9100 SOUTH DADELAND BLVD.
SUITE 901
MIAMI FL 33156**

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 617.002 and 617.003, 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. Said 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 617.003, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	D	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	CUEVAS, ANDREW	2. NAME	
3. STREET ADDRESS	9100 S. DADELAND BLVD. SUITE 901	3. STREET ADDRESS	9200 So. Dadeland Blvd. - Suite 603
4. CITY - ST - ZIP	MIAMI FL 33156	4. CITY - ST - ZIP	
5. TITLE	D	5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	CUEVAS, JONATHAN R	6. NAME	
7. STREET ADDRESS	9100 S. DADELAND BLVD. SUITE 901	7. STREET ADDRESS	9200 So. Dadeland Blvd. - Suite 603
8. CITY - ST - ZIP	MIAMI FL 33156	8. CITY - ST - ZIP	
9. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY - ST - ZIP		12. CITY - ST - ZIP	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY - ST - ZIP		16. CITY - ST - ZIP	
17. TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY - ST - ZIP		20. CITY - ST - ZIP	

14. I do hereby certify that the information supplied herein is true and correct, and I do hereby submit in Section 119.07(3)(a), Florida Statutes, I further certify that the information indicated on the 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 managing employee of the corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or supplemental report as required by Section 607.003, Florida Statutes.

SIGNATURE: **x Andrew Cuevas**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x March 11, 1996 x 305 620 444

CR2E034 (12/95)