## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000032167 (4)

MESA, RODRIGUEZ & MACHADO, P.A.

## **FILED** Apr 22 1998 8:00am Secretary of State



						8/A) 88/88 AAXI (1881 AAAA 88/A 1884 ABA
Principal Place of Business Mailing Address						
1000 BRICKELL AVE. SUITE 660 1000 BRICKELL AVE. SUITE						
MIAMI FL 33131 US		MIAMI FL 33131 US			DO NOT WRITE IN THIS SPACE	
03		00			3. Date Incorporated or Qualified	
					04/12/1996	
2. Principal i	Place of Business	2a. Mailing Address	<del></del>		4. FEI Number	Applied For
21		26			65-0660975	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>		5. Certificate of Status Desired	\$8.75 Additional
22		27			3. Commodite of Glades Boshed	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	7	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cour	пry	8. This corporation owes or has p	
24	25 25 Name and Address of Curren	29	[30]		Personal Property Tax due Jun 10. Name and Address of New R	
		it negratored Agent		81 Name	10, Helifo and Addison of Hon H	agistolou Agent
	ESA, MANUEL A					
	00 BRICKELL AVE, SUITE 660		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	B2 Street Add	dress (P.O. Box Number is Not Accepta	ible)
MI	AMI FL 33131		<u> </u>	83		
			L			
				64 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050:	2 and 607 1508. Florida Sta	tutes, the ab	ove-named cor	rporation submits this statement for the	
office or	registered agent, or both, in the State	of Florida, Such change wa	is authorized	by the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	ept the appointment as registered
	an tarrillar with and accept the dollige	ations of oscilor bor.coos,	i iolida olaid	nes.		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (N	IOTE: Registered	Agent signature requ	ired when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	
TITLE	PD	☐ DELETE	1.1 TiTi	Æ		Change Addition
NAME	MESA, MANUEL A		1.2 NA	ME [		1;
STREET ADDRESS	1000 BRICKELL AVE, SUITE 6	<b>360</b>	1.3 STR	EET ADDRESS		Į.
CITY-ST-ZIP	MIAMI FL 33131			Y-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 1170	-E		Change Addition
NAME	MACHADO, CARLOS M		2.2 NA	vitE		
STREET ADDRESS	1000 BRICKELL AVE, SUITE 6	360	•	EET ADDRESS		Į.
CITY-ST-ZIP	MIAMI FL 33131	T of ere		Y+ST-ZIP		0
TITLE	VPD	DELETE	3.1 TIT	- 1		Change L Addition
NAME	RODRIGUEZ, JUAN J	200	3.2 NAI			
STREET ADDRESS	1000 BRICKELL AVE, SUITE 6	טסט		EET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131	DELETE	3.4. CIT	Y-ST-ZIP		Change Addition
TITLE		ב"ו מנננונ		-		CT Change CT Addition
NAME CARREST ADDRESS			4. 2 NA	1		
STREET ADDRESS	1			EET ADDRESS		,
TITLE	<del> </del>	DELETE	5.1 TITE	Y-ST-ZIP		Change Addition
NAME	1	beech	5.2 NAM			
				·		ı
STREET ADDRESS				EET ADDRESS		İ
CITY-ST-ZIP TITLE		DELETE	6.1 TITI	Y-ST-ZIP F		Change Addition
NAME		C. Petite	6.2 NAM	1		Composition Committee
STREET ADDRESS				EET ADDRESS		i
CITY-ST-ZIP				Y-ST-ZIP		
WILL OLD THE	ì		■ 040H	U1-511		

14. Thereby 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 indicated on this annual report or suppliemental 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 13 if changed, of on an attal himself with an address.