

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 01 1997 8:00am
Secretary of State

DOCUMENT # P96000092137 (4)

1. Corporation Name

ARJONA, CABANAS & ASSOCIATES, P.A.

Principal Place of Business

4425 SOUTHWEST 147 COURT
MIAMI FL 33185

Mailing Address

4425 SOUTHWEST 147 COURT
MIAMI FL 33185-4353

3. Date Incorporated or Qualified
11/08/1996

3a. Date of Last Report
N/A

2. Principal Place of Business

21 782 NW LETAUNE ROAD

2a. Mailing Address

26 782 N.W. LETAUNE RD.

4. FEI Number

65-0711368

Applied For

Not Applicable

Suite, Apt. #, etc.

22 SUITE 637

Suite, Apt. #, etc.

27 SUITE 637

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

Zip

24 33126

Country

25 USA

Zip

29 33126

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE
NAME CABANAS, JOSEPH F
STREET ADDRESS 4425 SOUTHWEST 147 COURT
CITY-ST-ZIP MIAMI FL 33185

TITLE VSD ☐ DELETE
NAME CABANAS, JOSE E
STREET ADDRESS 4425 SOUTHWEST 147 COURT
CITY-ST-ZIP MIAMI FL 33185

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME 9970 S.W. 124 TERRACE
2.3 STREET ADDRESS MIAMI, FL. 33176
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97
Date

(805)442-8955
Daytime Phone #

0249598

CR2E034 (9/96)