

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S25665** (8)

1. Corporation Name

LESTER G. KATES, P.A.

Principal Place of Business

**1647 SW 27 AVE
MIAMI FL 33145**

Mailing Address

**1647 SW 27 AVE
MIAMI FL 33145**



2. Principal Place of Business

21 **2655 LeJeune Road**

Suite, Apt. #, etc.

22 **807**

City & State

23 **Coral Gables, Florida**

Zip

24 **33134**

Country

25 **USA**

2a. Mailing Address

26 **2655 LeJeune Road**

Suite, Apt. #, etc.

27 **807**

City & State

28 **Coral Gables, Fl.**

Zip

29 **33134**

Country

30 **USA**

3. Date Incorporated or Qualified

01/17/1991

3a. Date of Last Report

05/01/1995

4. FET Number

59-3048460

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

**KATES, LESTER G.
1647 SW 27 AVE
MIAMI FL 33145**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

807 Gables International Plaza

83

2655 LeJeune Road

84 City

Coral Gables

FL

85 Zip Code

33134

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

Lester G. Kates
LESTER G. KATES, ESQ.

12. Registered Agent's Signature and Title

4-26-96

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DPS
KATES, LESTER G.
1647 SW 27 AVE
MIAMI FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**2655 LeJeune Road, Suite 807
Coral Gables, Florida 33134**

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

800001822588

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*****200.00**

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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:

Lester G. Kates
LESTER G. KATES, President

4-26-96

DATE

Signature of Officer

CR2E034 (12/95)