

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 PM 2:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # M45620 (5)

1. Corporation Name

GUZMAN & COMPANY

Principal Place of Business

**701 BRICKELL AVENUE, 11TH FLOOR
MIAMI FL 33131**

Mailing Address

**701 BRICKELL AVENUE, 11TH FLOOR
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/28/1987

3a. Date of Last Report

04/26/1994

4. FEI Number

59-2764363

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**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GUZMAN, LEOPOLDO E.
% GUZMAN & COMPANY
701 BRICKELL AVE., ELEVENTH FLOOR
MIAMI FL 33131**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	POC
NAME	GUZMAN, LEOPOLDO E.
STREET ADDRESS	5825 MAYNADA
CITY - ST - ZIP	CORAL GABLES FL
TITLE	D
NAME	GUZMAN, SUSAN C.
STREET ADDRESS	5825 MAYNADA
CITY - ST - ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1 TITLE	☐ Change ☐ Addition
2 NAME	
3 STREET ADDRESS	
4 CITY - ST - ZIP	
5 TITLE	☐ Change ☐ Addition
6 NAME	
7 STREET ADDRESS	
8 CITY - ST - ZIP	
9 TITLE	☐ Change ☐ Addition
10 NAME	
11 STREET ADDRESS	
12 CITY - ST - ZIP	
13 TITLE	☐ Change ☐ Addition
14 NAME	
15 STREET ADDRESS	
16 CITY - ST - ZIP	
17 TITLE	☐ Change ☐ Addition
18 NAME	
19 STREET ADDRESS	
20 CITY - ST - ZIP	

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)(k), Florida Statutes. I further certify that the information indicated in 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

LEOPOLDO E. GUZMAN

4/31/95

(805) 374-3600

ORIGINAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

(Typed Name)