

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

FILED

Apr 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 33131-2822



2. Principal Place of Business

21 1200 BRICKELL AVENUE

Suite, Apt. #, etc.

22 14<sup>TH</sup> FLOOR

City & State

23 MIAMI FL

Zip

24 33131-3214

Country

25 USA

2a. Mailing Address

26 1200 BRICKELL AVENUE

Suite, Apt. #, etc.

27 14<sup>TH</sup> FLOOR

City & State

28 MIAMI FL

Zip

29 33131-3214

Country

30 USA

3. Date Incorporated or Qualified

01/28/1987

3a. Date of Last Report

04/30/1996

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

C/O GUZMAN & COMPANY

83

1200 BRICKELL AVENUE, 14<sup>TH</sup> FLOOR

84 City

MIAMI

85 Zip Code

FL 33131-3214

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 to that 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]*

LEOPOLDO E. GUZMAN, PRESIDENT

4/8/97

DATE

12. OFFICERS AND DIRECTORS

TITLE PCT  
NAME GUZMAN, LEOPOLDO E.  
STREET ADDRESS 5825 MAYNADA  
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

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

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

2.3 STREET ADDRESS

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]*

LEOPOLDO E. GUZMAN

4/8/97

(305) 374-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)