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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000086880 (8)

JOSE' PICO, P.A.

**FILED** Jan 28 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address   |                  |               |                 |                     |  |            |          |        |  |   |
|---|------------------|---------------|-----------------|---------------------|--|------------|----------|--------|--|---|
| 92140 OVERSEAS HWY STE 1<br>TAVERNIER FL 33070  |                  |               |                 |                     | 92140 OVERSEAS HWY STE 1<br>TAVERNIER FL 33070 |            |          |        |  | DO NOT WRITE IN THIS SPACE  |
|   |                  |               |                 |                     |  |            |          |        | •  | Date Incorporated or Qualified  |
|   |                  |               |                 |                     |  |            |          |        |  | 11/13/1995  |
| 2. Principal Place of Business  |                  |               |                 | 2a. Mailing Address |  |            |          |        |  | 4. FEI Number Applied For   |
| 21  |                  |               |                 | 26                  | <u></u>  |            |          |        |  | 65-0628767 Not Applicable   |
| Suite, Apt. #, etc.   |                  |               | 27              | Suite, Apt. #, etc. |  |            |          |        | 5. Certificate of Status Desired Security \$8.75 Additional Fee Required |   |
| City & State  |                  |               |                 | Щ.                  | City & State                                   |            |          |        |  | 6. Election Campaign Financing\$5.00 May Be                                   |
| 23  |                  |               |                 | 28                  |  |            |          |        |  | Trust Fund Contribution   |
| Zîp Country   |                  |               | <u>Ц</u>        | Zip Country         |  |            | У        | 1      | 8. This corporation owes or has paid the current year Intangible         |   |
| 24 25 25 Name and Address of Current  |                  |               | 29              | 30                  |  |            |          |        | Personal Property Tax due June 30. Yes No.                               |   |
|   |                  | •             | s of Current H  | tegis               | tered Agent                                    | 81 Name    |          |        | lame   | 10. Name and Address of New Registered Agent                                  |
| PICO, JOSE' W   |                  |               |                 |                     |  |            |          |        |  |   |
| 92140 OVERSEAS HWY STE 1<br>TAVERNIER FL 33070  |                  |               |                 |                     | Ĺ  |            |          |        | treet Addres   | ss (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  DATE  |                  |               |                 |                     |  |            |          |        |  |   |
| 12.   | Signature, typed |               | FICERS AND D    |                     |  | 13         |          | ent si | gnature required   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                             |
| TITLE   | PSD              |               | . 102.107.145   |                     | DELETE   |            | TITLE    |        |  | Change Addition   |
| NAME  | PICO,            | JOSE          |                 |                     | <del>_</del>                                   |            | NAME     |        |  |   |
| STREET ADDRESS 87200 OVERSEAS HWY #S5   |                  |               |                 |                     | 1.3 STRE                                       |            |          | חחג ז  | IRESS  |   |
| CITY-ST-ZIP TAVERNIER FL 33070  |                  |               |                 |                     | 1.4 CITY - S                                   |            |          |        |  |   |
| TITLE   | 47 17 44         |               | 30,70           |                     | ☐ DELETE                                       |            | TITLE    | ٠. ٢.  | -  | ☐ Change ☐ Addition   |
| NAME  |                  |               |                 |                     |  | •          | NAME     |        |  |   |
| STREET ADDRESS  |                  |               |                 |                     |  |            | STREET   | r add  | RESS   |   |
| CITY-ST-ZIP   |                  |               |                 |                     |  |            | CITY-    |        |  |   |
| TITLE   |                  |               |                 |                     | ☐ DELETE                                       |            |          | -      |  | Change Addition   |
| NAME  |                  |               |                 |                     |  | 3.2        | NAME     |        |  |   |
| STREET ADDRESS  |                  |               |                 |                     |  | 3.3        | STREET   | T ADD  | RESS   |   |
| CITY-ST-ZIP   |                  |               |                 | 3.4. CITY-ST-ZIP    |  |            | ST-ZI    | IP I   |  |   |
| TITLE   |                  |               | 7               |                     | ☐ DELETE                                       | 4.1        | TITLE    |        |  | Change Addition   |
| NAME  |                  |               |                 |                     |  | 4. 2       | NAME     |        |  |   |
| STREET ADDRESS  |                  |               |                 |                     |  | 4.3        | STREET   | ADD    | RESS   |   |
| CITY-ST-ZIP   |                  |               |                 |                     |  | 4.4        | CITY-S   | ST-ZJF | Р  |   |
| TITLE   |                  |               |                 |                     | ☐ DELETE                                       | 5.1        | TITLE    |        |  | ☐ Change ☐ Addition   |
| NAME  |                  |               |                 |                     |  | 5.2        | NAME     |        |  |   |
| STREET ADDRESS  |                  |               |                 |                     |  | 5.3        | STREET   | (ADD   | RESS   |   |
| CITY - ST - ZIP   |                  |               |                 |                     |  | _          | CITY - S | ST-ZIF | P  |   |
| TITLE   |                  |               |                 |                     | ☐ DELETE                                       | 6.1        | TITLE    |        |  | Change Addition   |
| NAME  |                  |               |                 |                     |  | 6.2        | NAME     |        |  | 7   |
| STREET ADDRESS  |                  |               |                 |                     |  | 6.3        | STREET   | ( ADĐ  | RESS   |   |
| CITY - ST - ZIP   |                  |               | / /             |                     |  |            | CITY-S   |        |  |   |
| 14. Thereby o   | entity that the  | : intormatión | supplied with t | tn:s fi             | una does not qualify                           | for the ex | xemp     | เมอก   | stated in Se   | ection 119.07(3)(i). Florida Statutes, I further certify that the information |

indicated on this annual report or supplied with this ming does not quality for the exemption stated in section 1 19.07(3)(), Florida Statutes. Further certify that the informatic indicated on this annual report for 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 corpy altion of 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 a statishment with an address.

SIGNATURE:

कर्ना URE REQUIRED

305-852-9001