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FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000026067 (3)

1. Corporation Name
NEIL A. DELEON, P.A.



Principal Place of Business

Mailing Address

~~2 N.E. 40TH STREET~~
~~2ND FLOOR EAST~~
~~MIAMI FL 33137~~

~~2 N.E. 40TH STREET~~
~~2ND FLOOR EAST~~
~~MIAMI FL 33137~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 7 NW 2nd STREET

Suite, Apt. #, etc.

22 SUITE 218

City & State

23 MIAMI FLORIDA

Zip

24 33128-1849

Country

25 USA

2a. Mailing Address

26 7 NW 2nd STREET

Suite, Apt. #, etc.

27 SUITE 218

City & State

28 MIAMI FLORIDA

Zip

29 33128-1849

Country

30 USA

3. Date Incorporated or Qualified

03/24/1997

4. FEI Number

65-0742363

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DELEON, NEIL A

~~2 N.E. 40TH STREET~~

~~2ND FLOOR EAST~~

~~MIAMI FL 33137~~

10. Name and Address of New Registered Agent

81 Name

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

7 NW 2nd STREET

83 SUITE 218

84 City
MIAMI

FL

85 Zip Code
33128

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

NEIL A. DELEON

Neil A. DeLeon

1/29/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME DELEON, NEIL A

STREET ADDRESS ~~2 N.E. 40TH ST., 2ND FLOOR EAST~~

CITY-ST-ZIP ~~MIAMI FL 33137~~

TITLE VP ☐ DELETE

NAME DELEON, NEIL A

STREET ADDRESS ~~2 N.E. 40TH ST., 2ND FLOOR EAST~~

CITY-ST-ZIP ~~MIAMI FL 33137~~

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

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

7 NW 2nd STREET SUITE 218

MIAMI, FL 33128-1849

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

7 NW 2nd STREET SUITE 218

MIAMI FL 33128-1849

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I 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.

CR2E034 (10/97)