

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90017 048 ***150.00

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DOCUMENT # 564127

1. Corporation Name

SIEGFRIED, RIVERA, LERNER, DE LA TORRE & SOBEL,
P.A.

Principal Place of Business

201 ALHAMBRA CIR 1102
CORAL GABLES FL 33134

Mailing Address

201 ALHAMBRA CIR 1102
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1977

4. FEI Number

59-1777539

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

Country

24

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIEGFRIED, STEVEN M.
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES FL 33134

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME SIEGFRIED, STEVEN M
STREET ADDRESS 201 ALHAMBRA CIR 1102
CITY-ST-ZIP CORAL GABLES, FL 0

1.1 TITLE ☐ Change ☐ Addition

TITLE DTV ☐ DELETE

NAME RIVERA, OSCAR R.
STREET ADDRESS 201 ALHAMBRA CIR 1102
CITY-ST-ZIP CORAL GABLES FL

2.1 TITLE ☐ Change ☐ Addition

TITLE DSV ☐ DELETE

NAME LERNER, LISA A.
STREET ADDRESS 201 ALHAMBRA CIR 1102
CITY-ST-ZIP CORAL GABLES FL

3.1 TITLE ☐ Change ☐ Addition

TITLE DVP ☐ DELETE

NAME DE LA TORRE, HELJO
STREET ADDRESS 201 ALHAMBRA CIR 1102
CITY-ST-ZIP CORAL GABLES FL

4.1 TITLE ☐ Change ☐ Addition

TITLE DVP ☐ DELETE

NAME SOBEL, STUART H
STREET ADDRESS 201 ALHAMBRA CIR 1102
CITY-ST-ZIP CORAL GABLES FL

5.1 TITLE ☐ Change ☐ Addition

TITLE DVP ☐ DELETE

NAME EDWARDS, PETER H
STREET ADDRESS 201 ALHAMBRA CIRCLE SUITE 1102
CITY-ST-ZIP CORAL GABLES FL

6.1 TITLE ☐ Change ☐ Addition

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 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)