

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **301414** (9)

1. Corporation Name

BRISTOL, CHILDS & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

**4012 SALZEDO STREET
CORAL GABLES FL 33146**

**4012 SALZEDO STREET
CORAL GABLES FL 33146**

2. Principal Place of Business

21 **Same as Above**

22 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 **Same as above**

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**ARMONT, VICTOR F
4012 SALZEDO ST
CORAL GABLES FL 33146**

3. Date Incorporated or Qualified

12/31/1965

3a. Date of Last Report

04/10/1995

4. FEI Number

59-1500298

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

10. Name and Address of New Registered Agent

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 the if applicable

(NOTE: Registered Agent signature required when re-registered)

March 18, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTSD** ☐ DELETE
NAME **ARMONT, VICTOR F.**
STREET ADDRESS **4012 SALZEDO ST**
CITY-STATE-ZIP **CORAL GABLES FL**

TITLE **V** ☐ DELETE
NAME **PENDLETON, BRIAN**
STREET ADDRESS **4012 SALZEDO ST**
CITY-STATE-ZIP **CORAL GABLES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V** ☐ Change ☒ Addition
1.2 NAME **Adolfo Fernandez**
1.3 STREET ADDRESS **4012 Salzedo Street**
1.4 CITY-STATE-ZIP **Coral Gables, FL 33146**

2.1 TITLE **V** ☐ Change ☒ Addition
2.2 NAME **Andrew Kacer**
2.3 STREET ADDRESS **4012 Salzedo Street**
2.4 CITY-STATE-ZIP **Coral Gables, Florida**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 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:

Victor F. Armont

Victor F. Armont

3/18/96

(305)446-8351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number

CR2E034 (12/95)