

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 # 401972 (5)

1. Corporation Name

OTERO & ASSOCIATES, INC.



Principal Place of Business

1714 CAPE CORAL PARKWAY
P.O. BOX 535
CAPE CORAL FL 33904

Mailing Address

1714 CAPE CORAL PARKWAY
P.O. BOX 535
CAPE CORAL FL 33904

3. Date Incorporated or Qualified
05/26/1972

3a. Date of Last Report
06/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FET Number

59-1621485

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

10. Name and Address of New Registered Agent

ALOIA, FRANK J.
1714 CAPE CORAL PARKWAY
CAPE CORAL FL

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 if not applicable

(Print) Registered Agent signature required when not applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	OTERO, CESAR J	
STREET ADDRESS	BUZON T-40	
CITY-ST-ZIP	QUEBRADILLAS PR	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	OTERO, DEANNA M.	
STREET ADDRESS	BUZON T-40	
CITY-ST-ZIP	QUEBRADILLAS PR	
TITLE	S	<input type="checkbox"/> DELETE
NAME	OTERO, UNA J.	
STREET ADDRESS	BUZON T-40	
CITY-ST-ZIP	QUEBRADILLAS PR	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OTERO, UNA J	
STREET ADDRESS	BUZON T-40	
CITY-ST-ZIP	QUEBRADILLAS PR	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-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:

Cesar J. Otero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-96

Date

941-542-1896

Display Phone #

CR2E034 (12/95)