FILE NOW: FILING FEE AFTER MAY 1 IS \$50

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMESTATE

Sandra B. Mo

Secretary of 5 DIVISION OF CORPANS

1997 DOCUMENT # 401972

(5)

OTERO & ASSOCIATES, INC. Thursing Flace of Business Mailing Address						
Principal Place of Business 171 CAPE CORAL PARKWAY P.O. BOX 539		Mailing Address 1714 CAPE CORAL PARKWAY P.O. BOX 535 CAPE CORAL FL 33904-9820				
CAPE CORAL FL	. 33904	ON E COUNT OF STORY		3. Date Incorporated or Qualified 05/26/1972	3a. Date of Last Report 05/28/1996	
2. Principal Pia	ice of Business	2a. Mailing Address		4. FEI Number 59-1621485	Applied Fo	
Suite, Apt #	f, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22		City & State		6. Election Campaign Financing	\$5.00 May Be	
City & State		28 City & State		Trust Fund Contribution	Added to Fees	
23]	Country	Zip		This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032 Ì Yes — ☐ No	2,
24	25	- - - - - - - - - -	0	10. Name and Address of New Reg		
	9. Name and Address of Cure	rent Registered Agent	- Vame		<u></u>	
1714	A, FRANK J. CAPE CORAL PARKWAY E CORAL FL		itreet Add	fress (P.O. Box Number is Not Acceptab	6)	
			ity		85 Zip Code	
					FL	
office or reagent. La	egistered agent, or both, in the at m familiar with, and accept the of	oligations of, Section 607.0505, Flor	ida SI	poration submits this statement for the pi ation's board of directors. I hereby accep alred when reinstating)	t the appointment as registere	ed
	Ster afone Typed or provided can be of registered	Lagent and title it applicable (NOTE: AND DIRECTORS	Registe 13	ADDITIONS/CHANGES TO OFFIC		
12.	P	☐ DELETE	1.1		Change Add	dition
NAME	OTERO, CESAR J		1.2			
STREET ACORESS	BUZON T-40		1.3 ^{ESS}			
CHY ST 71P	QUEBRADILLAS PR	DELETE	- 1.4 2.1		☐ Change ☐ Add	dition
NAME	OTERO, DEANNA M.	,	25			ļ
STREET ADDRESS	BUZON T-40		2 (ESS			
CUTA-21-216	QUEBRADILLAS PR	DELETE	2 2		☐ Change ☐ Add	dition
TITLE	S OTERO, UNA J.	Find Decent	3			
NAME STREET ADDRESS	BUZON T-40		3RESS			
CITY ST ZIP	QUEBRADILLAS PR	T Dr. etc	3 ^p		Change Add	dilion
TITLE	D CYCDO LINA I	☐ DELETE	4.		المالية المالية المالية	
NAME STREET ACORESS	OTERO, UNA J BUZON T-40		4,588			
City-ST-ZIP	QUEBRADILLAS PR		4.		Change Add	dition
tat		DELETE	5		FT OWNAG FT MAN	authi
NAME			5.2 5.2SS			
STREET ADDRESS	3		54			
Offy-ST-ZIP		DELETE	61	•	Change Add	noitit
NAM			62			
STREET ADDRESS	5		6.3 ^{1S}			
City-S1-ZIP	and find the efermation for	noticed with this filling does not qual-	fy for the state	od in Section 119.07(3)(i), Florida Statutes at my signature shall have the same legal	. I further certify that the	
informa	tion indicated on this annual report	rt or supplemental annual report is- ion or the receiver or trustee empo- ed, or on an attachment with an ad	vered tos rep	at my signature shall have the same legal ort as required by Chapter 607, Florida S	effect as if made under oath; tatutes; and that my name	; that

FILED

Apr 30 1997 8:00am

Secretary of State