

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

AMENDMENT

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 414181

1. Corporation Name

RECIO & ASSOCIATES, INC.

Principal Place of Business

8053 NW 64TH STREET
MIAMI, FL 33166

Mailing Address

8053 NW 64TH STREET
MIAMI, FL 33166

FILED

99 JUL 21 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

DECEMBER 6, 1972

4. FEI Number

59-1435286

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICARDO B. RECIO
8053 NW 64TH STREET
MIAMI, FL 33166

81 Name

MILTON J. WALLACE

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

1200 BRICKELL AVE

83

SUITE #1720

84 City

MIAMI

FL

85 Zip Code
33131

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

Milton J. Wallace
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT/DIR/BD CHAIRM <input checked="" type="checkbox"/> DELETE
NAME	RECIO, RICARDO B.
STREET ADDRESS	6950 GRANADA BLVD.
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	SECRETARY/DIR/BD CHAIRM <input checked="" type="checkbox"/> DELETE
NAME	RECIO, ADMA I.
STREET ADDRESS	6950 GRANADA BLVD.
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	TREASURER <input checked="" type="checkbox"/> DELETE
NAME	PITTALUGA, IBIS
STREET ADDRESS	10533 SW 129TH PLACE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	MENENDEZ, ALEX
STREET ADDRESS	8053 NW 64TH STREET
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARIO LIGNAROLO
1.3 STREET ADDRESS	8053 NW 64TH STREET
1.4 CITY-ST-ZIP	MIAMI, FL 33166
2.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MILTON J. WALLACE
2.3 STREET ADDRESS	1200 BRICKELL AVE, #1720
2.4 CITY-ST-ZIP	MIAMI, FL 33131
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO LIGNAROLO

7/16/99

(305) 994-7811

Daytime Phone