

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 524826 (5)

1. Corporation Name

MARCELO M. AGUDO, P.A.

Principal Place of Business

Mailing Address

~~1647 SW 27TH AVENUE~~  
~~MIAMI FL 33145~~

~~1647 SW 27TH AVENUE~~  
~~MIAMI FL 33145~~



2. Principal Place of Business

2a. Mailing Address

21 501 Brickell Key Dr.

26 501 Brickell Key Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 300

27 Suite 300

City & State

City & State

23 Miami, FL.

28 Miami, FL.

Zip

Country

Zip

Country

24 33131

25 USA

29 33131

30 USA

3. Date Incorporated or Qualified

02/01/1977

3a. Date of Last Report

02/01/1995

4. FEI Number

59-1736418

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

AGUDO, MARCELO M.

~~1647 SW 27TH AVENUE~~  
~~MIAMI FL 33145~~

501 Brickell Key Dr.  
Suite 300  
Miami, FL 33131

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 ☐ DELETE

NAME AGUDO, MARCELO M

STREET ADDRESS ~~1647 SW 27TH AVE~~

CITY-ST-ZIP ~~MIAMI FL~~

TITLE ☐ DELETE

NAME AGUDO, MARCELO M

STREET ADDRESS ~~1647 SW 27TH AVE~~

CITY-ST-ZIP ~~MIAMI FL~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

501 Brickell Key Dr. Suite 300  
Miami, FL. 33131

☐ Change ☐ Addition

501 Brickell Key Dr. Suite 300  
Miami, FL. 33131

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 (305) 372-8882

Date

Daytime Phone #

CR2E034 (12/95)