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

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
May 08, 1999 8:00 am
Secretary of State
05-08-1999 90085 001 ***150.00

0573933

DOCUMENT # 537834

1. Corporation Name
ACOSTA AND ACOSTA, P.A.

Principal Place of Business	Mailing Address
1613 9130 S. DADELAND BLVD. MIAMI FL 33156	1613 9130 S. DADELAND BLVD. MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 06/23/1977

2. Principal Place of Business	2a. Mailing Address
21 13902 N. Dale Mabry Hwy	26 13902 N. Dale Mabry Hwy
Suite, Apt. #, etc. 22 STe 227	Suite, Apt. #, etc. 27 STe 227
City & State 23 TAMPA, FL	City & State 28 TAMPA, FL
Zip 24 33618 Country 25	Zip 29 33618 Country 30

4. FEI Number: 59-1752200 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ACOSTA, JAMES D. 1613 9130 S DADELAND BLVD MIAMI FL 33156	81 Name: JAMES D. ACOSTA 82 Street Address (P.O. Box Number is Not Acceptable): 13902 N. DALE MABRY HWY 83: STE 227 84 City: TAMPA FL 85 Zip Code: 33618

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: James D. Acosta JAMES D. ACOSTA 5/7/99
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	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ACOSTA, JAMES D.		1.2 NAME		
STREET ADDRESS	1613 9130 S DADELAND AVE		1.3 STREET ADDRESS	13902 N. DALE MABRY HWY, # 227	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	V	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	ACOSTA, MARY H.		2.2 NAME		
STREET ADDRESS	1613 9130 S DADELAND AVE		2.3 STREET ADDRESS	13902 N. DALE MABRY HWY, # 227	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	TAMPA, FL 33618	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 on an attachment with an address, with all other like empowered.

SIGNATURE: James D. Acosta JAMES D. ACOSTA 5/7/99 (813) 961 3266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)