

3-20-97 B-3346 C
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Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 604934

(0)

1. Corporation Name

LUIS STABINSKI & ASSOCIATES, P.A.

Principal Place of Business

757 N.W. 27TH AVENUE
MIAMI FL 33125

Mailing Address

757 N.W. 27TH AVENUE
MIAMI FL 33125-3012



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/09/1974

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1509082

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

STABINSKI, LUIS
757 N.W. 27TH AVE.
MIAMI FL 33145

10. Name and Address of New Registered Agent

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 and am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of person who is the registered agent and title to corporate)

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

1. NAME
2. STREET ADDRESS
3. CITY - ST - ZIP
4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY - ST - ZIP
8. TITLE
9. NAME
10. STREET ADDRESS
11. CITY - ST - ZIP
12. TITLE
13. NAME
14. STREET ADDRESS
15. CITY - ST - ZIP
16. TITLE
17. NAME
18. STREET ADDRESS
19. CITY - ST - ZIP
20. TITLE
21. NAME
22. STREET ADDRESS
23. CITY - ST - ZIP
24. TITLE
25. NAME
26. STREET ADDRESS
27. CITY - ST - ZIP
28. TITLE
29. NAME
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91. CITY - ST - ZIP
92. TITLE
93. NAME
94. STREET ADDRESS
95. CITY - ST - ZIP
96. TITLE
97. NAME
98. STREET ADDRESS
99. CITY - ST - ZIP
100. TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I do 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 contained 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/97 305-643-3100
Date Daytime Phone #

CR2E034 (9/96)