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

**PROFIT** CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

1. Corporation Name

F13368

(8)

## SARINO R. COSTANZO, PROFESSIONAL ASSOCIATION

Principal Place of		м	ailing Address	·						
1 SE 3RD AV SUITE 500	E #2150		1 SE 3RD AVE #2150 SUITE 500	)						
MIAMI FL 331	31		MIAMI FL 33131			3. Date Incorporated or Qualified 12/31/1980		of Last Re 5/01/19		
2. Principal Pla:	ce of Business	2a.	. Mailing Address			4. FEI Number 65-0037886	<u></u>		Applied For Not Applicable	e
Suite, Apt. #	, etc.	1201	Suite, Apt. #, etc.			Gertificate of Status Desired			Additional	_
City & State		27	City & State					<del></del>	Required	
23		28	Oily & Charter			6. Election Campaign Financing Trust Fund Contribution		-	<b>0</b> May Be d to Fees	
Zip 24	Country 25	29	Zip	Coun	try	8. This corporation has liability for Florida Statutes		x under s	199.032,	
	9. Name and Address of Current	Regis	stered Agent	I		10. Name and Address of New F	tegistered /	Agent		
COSTAN	ZO, SARINO R			Ĺ	Name					
	HEAST 3RD AVENUE				Street Addr	ress (P.O. Box Number is Not Acceptat	ole)			
SUITE 2				Ī	33					
MIAM) FI	. 33131			1	34 City			85 Zq	p Code	┨
11. Pursuant to	the provisions of Sections 607.0502	and 60	7.1508. Florida Statut	es, the abov		ration submits this statement for the pu	FL roose of cha	inging its r	registered offic	ce
or registere		la Sud	h change was authoriz	red by the co		rd of directors. Thereby ancept the app				
SIGNATURE	•									
12.	agrature it poet or purities name of registers a yent a OFFICERS AND		and the second second second	(Ik. Bay terst/	gert signatur regime - 1	ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	)BS IN 12	- 6
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NAME	COSTANZO, SARINO R			1.2 NAM	AE					8
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CITY - ST - ZIP	MIAMI FL VSD		F") the ETE		/ - ST - ZIP			T Chacas	- Addit oo	<u> </u>
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STREET ADDRESS				3.3 SH	RLET ACIONESS					
CITY - ST - ZIP				3.4 CHT	/-S1-ZIP					
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NAME				6.2 NAM						
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ertify that	-certify that the information supplied vithe information indicated on this arm.	vito this al repo	s illing is voluntanly tur: rt or supplemental ann	nished and d rual report is	oes not quality f true and accura	for the exemption stated in Section 119 ate and that my signature shall have the	.uz(3)(k), Flo :same legal	nda Statut effect as it	les. Fruither fimade under	

oath, that I am an officer or director of the corporation or the reserver 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 charged, or our attachyment with an address. \* APR 2 9 1996 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR

CARDINO R. COSTANZOCER OR DIRECTOR

April 29, 1996

Elaytina Phone #