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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jan 27 1997 8:00 am  
Secretary of State

DOCUMENT # F13563

(4)

1. Corporation Name:

PROENZA & ROBERTS, P.A.

Principal Place of Business

2800 SW 28TH TERR., 7TH FLOOR  
MIAMI FL 33133

Mailing Address

2800 SW 28TH TERR., 7TH FLOOR  
MIAMI FL 33133-3700

3. Date Incorporated or Qualified  
12/31/1980

3a. Date of Last Report  
06/13/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

59-2054202

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

ROBERTS, CLAY  
2800 SW 28TH TERRACE  
MIAMI FL 33133

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. 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

TITLE NAME ☐ DELETE

STREET ADDRESS  
CITY - ST - ZIP  
PRES  
ROBERTS, CLAY  
2800 SW 28TH TERRACE 7TH FLOOR  
MIAMI FL

TITLE NAME ☒ DELETE

STREET ADDRESS  
CITY - ST - ZIP  
S  
ROBERTS, H. CLAY  
610 REINANTE AVENUE  
CORAL GABLES FL

TITLE NAME ☐ DELETE

STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP ☒ Change ☐ Addition

PRESIDENT/SECRETARY/DIRECTOR

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP ☐ Change ☒ Addition

VICE-PRES/TREAS./DIRECTOR  
THOMAS L. HURST  
2900 SW 28TH TERR, 7TH FL  
MIAMI, FL 33133

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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 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: *H. Clay Roberts*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/97

305-442-1200

Date

Daytime Phone #

CR2E034 (9/96)