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Jan 28 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 # **F38720** (1)
1. Corporation Name
**VALDES-FAULI, BISCHOFF, KRISS & MANDLER, PROFESS
IONAL ASSOCIATION**

Principal Place of Business Mailing Address
3400 ONE BISCAYNE TOWER **3400 ONE BISCAYNE TOWER**
2 S. BISCAYNE BLVD **2 S. BISCAYNE BLVD**
MIAMI FL 33131-1809 **MIAMI FL 33131-1808**

3. Date Incorporated or Qualified **08/19/1981** 3a. Date of Last Report **04/22/1996**

4. FEI Number **59-2117272** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 29 Country

9. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES INC.
3400 ONE BISCAYNE TOWER
2 S. BISCAYNE BLVD
MIAMI FL 33131

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
V	VALDES-FAULI, PAUL	2 S BISCAYNE BLVD. #3400	MIAMI FL	<input type="checkbox"/>
VTD	KRISS, RONALD A.	2 S BISCAYNE BLVD. #3400	MIAMI FL	<input type="checkbox"/>
VSD	VAZQUEZ-BELLO, CLEMENTE	2 S BISCAYNE BLVD. #3400	MIAMI FL	<input type="checkbox"/>
VD	VALDES-FAULI, RAUL J.	2 S BISCAYNE BLVD. #3400	MIAMI FL	<input type="checkbox"/>
PD	SCHEER, MARK J.	2 SOUTH BISCAYNE BLVD. #3400	MIAMI FL	<input type="checkbox"/>
VD	BISCHOFF, RICHARD J.	2 SOUTH BISCAYNE BLVD. #3400	MIAMI FL	<input type="checkbox"/>

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
V	Valdes-Fauli, Raul E.	2 S Biscayne Blvd. #3400	Miami FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	Prio, Maria Elena	2 S. Biscayne Blvd., #3400	Miami, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	Hart, Jeremy	2 S. Biscayne Blvd., #3400	Miami, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	Levitt, Peter	2 S. Biscayne Blvd., #3400	Miami, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Mark J. Scheer 1/16/97 (305) 376-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)