Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

## 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** Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90062 039 \*\*\*150.00

## DOCUMENT # F38720

1. Corporation Name

VALDES-FAULI, BISCHOFF, KRISS & MANDLER, PROFESS IONAL ASSOCIATION

| l   | ·  |
|-----|--|
| Pr  | incipal Place of Business                                      |
| 2 5 | DO ONE BISCAYNE TOWER<br>S. BISCAYNE BLVD<br>AMI FL 33131-1809 |
| 2.  | Principal Place of Business                                    |
| 21  |  |
|     | Suite, Apt. #, etc.  |
| 22  | ,.   |
|     | City & State   |
| 23  |  |
|     | Zip  |
| 24  | 25   |
|     | 9. Name and  |
|     | VALDES-FAULI CO<br>3400 ONE BISCAYI<br>2 S. BISCAYNE BL        |
|     | MIAMI FL 33131   |

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

3400 ONE BISCAYNE TOWER 2 S. BISCAYNE BLVD MIAMI FL 33131-1809

| DO NOT WRITE IN THIS SE | ACE |
|-------------------------|-----|

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

08/19/1981 4. FEI Number

59-2117272

| 3  | .  28  | ·                         |                  |                       | Trust Fund Contribution  |                           | Added                      | 10 1 662               |
|--|--|---------------------------|------------------|-----------------------|--|---------------------------|----------------------------|------------------------|
| Zip  | Country  | Zip                       | Count            | ry                    | 8. This corporation owes the current   | •                         | _=                         | ٠ . ا                  |
| 4  | 25 29  |                           | 30               |                       | Personal Property Tax.   |                           | ☐ Yes                      | <b>⊠</b> No            |
|  | 9. Name and Address of Current Regis   | stered Agent              |                  |                       | 10. Name and Address of New Re   | gistered A                | gent                       |                        |
|  |  | •                         | 8                | 1 Name                |  |                           |                            |                        |
| VALDES-FAULI CORPORATE SERVICES INC.               |  |                           |                  | 2 Street Add          | ress (P.O. Box Number is Not Acceptable  | le)                       |                            |                        |
| 3400 ONE BISCAYNE TOWER                            |  |                           |                  | - Olicet / Idai       | ( :C: DBX ( :C: DBX ) CBD ( :C: TBC )  | · <b>-</b> /              | ·                          |                        |
| 2 S. BISCAYNE BLVD                                 |  |                           |                  | 3                     |  |                           |                            |                        |
| MIAMI FL 33131                                     |  |                           |                  | <del> </del>          |  |                           | Joe I Zin                  | Code                   |
| (1) (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2 |  |                           |                  | 4 City                |  | FL                        | 85 Zip                     | Code                   |
| office or re<br>agent. I ar                        | to the provisions of Sections 607.0502 and 6<br>egistered agent, or both, in the State of Florion<br>in familiar with, and accept the obligations of | da. Such change was a     | authorized b     | v the corporati       | poration submits this statement for the pi<br>on's board of directors. I hereby accept   | urpose of c<br>the appoin | hanging its<br>Iment as re | registered<br>gistered |
| SIGNATURE  | Signature, typed or printed name of registered agent and title   | if applicable. (NOTE      | E: Registered Ag | ent signature require | ed when reinstating)   | DATE                      |                            |                        |
| 12.  | OFFICERS AND DIRE  | CTORS                     | 13.              |                       | ADDITIONS/CHANGES TO OFFI  | ÇERS ANI                  |                            |                        |
| TITLE  | V  | ☐ DELETE                  | 1.1 TITLE        |                       |  |                           | Change                     | ☐ Addition             |
| NAME   | VALDES-FAULI, RAUL E   |                           | 1.2 NAM          | ≣ }                   |  |                           |                            | l                      |
| STREET ADDRESS                                     | 2 S BISCAYNE BLVD, #3400   |                           | 1.3 STRE         | ET ADDRESS            |  |                           |                            |                        |
| CITY-ST-ZIP  | MIAMI FL 33131   |                           | 1.4 CITY-        | ST-ZIP                |  |                           |                            |                        |
| TITLE  | VTO  | ☐ DELETE                  | 2.1 TITLE        | : [                   |  |                           | Change                     | ☐ Addition             |
| NAME   | KRISS, RONALD A.   |                           | 2.2 NAM          | <b></b>               |  |                           | •                          |                        |
| STREET ADDRESS                                     | 2 S BISCAYNE BLVD. #3400   |                           | 2.3 STRE         | ET ADDRESS            |  |                           |                            |                        |
| CITY-ST-ZIP  | MIAMI FL   |                           | 2. 4 CiTY        | -ST-ZIP               |  |                           |                            |                        |
| ΠΠLE   | VSD  | ☐ DELETE                  | 3.1 TITLE        |                       | v Till State of the state of th |                           | Change                     | ☐ Addition             |
| NAME   | VAZQUEZ-BELLO, CLEMENTE  |                           | 3.2 NAMI         | <b></b>               |  |                           |                            |                        |
| STREET ADDRESS                                     | 2 S BISCAYNE BLVD. #3400   |                           | 3.3 STRE         | ET ADORESS            |  |                           |                            |                        |
| CITY-ST-ZIP  | MIAMI FL   |                           | 3.4. CITY        | -ST-ZIP               |  |                           |                            |                        |
| TITLE  | VD   | ☐ DELETE                  | 4.1 TITLE        |                       |  |                           | Change                     | ☐ Addition             |
| NAME   | VALDES-FAULI, RAUL J.  |                           | 4. 2 NAM         | E                     |  |                           | ,                          |                        |
| STREET ADDRESS                                     | 2 S BISCAYNE BLVD. #3400   |                           | 4.3 STRE         | ET ADDRESS            |  |                           |                            |                        |
| CITY-ST-ZIP  | MIAMI FL   |                           | 4.4 CITY         | -ST-ZIP               |  |                           |                            |                        |
| TITLE  | PD   | ☐ DELETE                  | 5.1 TITLE        |                       |  |                           | Change                     | ☐ Addition             |
| NAME   | SCHEER, MARK J.  |                           | 5.2 NAMI         | ≣                     |  |                           |                            |                        |
| STREET ADDRESS                                     | A ACCUSED DISCONNESS DI UN 40400   |                           | 5.3 STRE         | ET ADDRESS            |  |                           |                            |                        |
| CITY-ST-ZIP  | MIAMI FL   |                           | 5.4 CITY         | -ST-ZIP               |  |                           |                            |                        |
| TITLE  | VD   | ☐ DELETE                  | 6.1 TITLE        | -                     |  |                           | Change                     | ☐ Addition             |
| NAME   | BISCHOFF, RICHARD J.   |                           | 6.2 NAM          | E                     |  |                           |                            |                        |
| STREET ADDRESS                                     |  |                           | 6.3 STRE         | ET ADDRESS            |  |                           |                            |                        |
|  | MIAMI FL   |                           | 6.4 CITY         |                       |  |                           |                            |                        |
| CITY-ST-ZIP  | certify that the information supplied with this t  | iling does not qualify fo |                  |                       | Section 119.07(3)(i), Florida Statutes. I f  | urther cert               | ify that the               | information            |
| 144. ((IC/CU) U                                    | retail age de anouncion debbien mai an   | in a good incerdoning to  | ale exemp        |                       |  |                           |                            |                        |

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 of 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, of on an attachment with an address, with a block 12 or Block 13 if changed, of on an attachment with an address.

SIGNATURE: