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**Apr 14 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 # F55694 (6)

1. Corporation Name
AGUSTIN DE GOYTISOLO, P. A.



Principal Place of Business: **2600 S. BAYSHORE DR. STE. 700 MIAMI FL 33133-5406 US**

Mailing Address: **2600 S. BAYSHORE DR. STE. 700 MIAMI FL 33133-5406 US**

3. Date Incorporated or Qualified: **11/16/1981**

3a. Date of Last Report: **04/10/1996**

2. Principal Place of Business: **1000 Brickell Ave Ste 604 MIAMI FL 33131-3014**

2a. Mailing Address: **Same**

4. FEI Number: **59-2143144**

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: **DE GOYTISOLO, AGUSTIN 2600 S. BAYSHORE DR. STE. 700 SUITE 501 MIAMI FL 33133**

10. Name and Address of New Registered Agent:

81 Name: **A. DE GOYTISOLO, P.A.**

82 Street Address (P.O. Box or Mailing Address): **1000 BRICKELL AVE. STE. 600 MIAMI, FL 33131-3014**

83 City: **MIAMI**

84 State: **FL**

85 Zip Code: **33131-3014**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PTSD	<input type="checkbox"/> DELETE
NAME	GOYTISOLO, AGUSTIN DE	
STREET ADDRESS	2600 S. BAYSHORE DR. STE. 700	
CITY - ST - ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GOYTISOLO, AGUSTIN GELATS DE	
STREET ADDRESS	1550 TARAGONA AVENUE	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	A. DE GOYTISOLO, P.A.
1.3 STREET ADDRESS	1000 BRICKELL AVE. STE. 600
1.4 CITY - ST - ZIP	MIAMI, FL 33131-3014
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: _____ DATE: **04/09/97** DAYTIME PHONE: **305/377-1000**

CR2E034 (9/96)