

1-29-97 B-1010 C-
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jan 29 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 # F93999 (3)

1. Corporation Name

ELOY A. FERNANDEZ, ATTORNEY AT LAW, P.A.

Principal Place of Business

% ELOY A. FERNANDEZ
780 NW LE JEUNE RD. STE 517
MIAMI FL 33126

Mailing Address

% ELOY A. FERNANDEZ
780 NW LE JEUNE RD. STE 517
MIAMI FL 33126-5538

3. Date Incorporated or Qualified

08/01/1982

3a. Date of Last Report

03/29/1996

4. FEI Number

59-2217257

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

21 782 NW LE JEUNE ROAD

Suite, Apt. #, etc.
22 SUITE 632

City & State
23 MIAMI, FLORIDA

Zip
24 33126

Country
25 U.S.A.

2a. Mailing Address

26 782 NW LE JEUNE ROAD

Suite, Apt. #, etc.
27 SUITE 632

City & State
28 MIAMI, FLORIDA

Zip
29 33126

Country
30 U.S.A.

9. Name and Address of Current Registered Agent

FERNANDEZ, ELOY A.
780 NW LE JEUNE RD, STE 517
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name
FERNANDEZ, ELOY A.

82 Street Address (P.O. Box Number is Not Acceptable)
782 NW LE JEUNE ROAD

83 SUITE 632

84 City
MIAMI,

FL

85 Zip Code
33126

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 of registered agent or registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

PD
NAME FERNANDEZ, ELOY A.
STREET ADDRESS 780 NW LEJEUNE RD #517
CITY-ST-ZIP MIAMI, FL 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

PD
1.1 TITLE
1.2 NAME FERNANDEZ, ELOY A.
1.3 STREET ADDRESS 782 NW LE JEUNE ROAD, STE. 632
1.4 CITY-ST-ZIP MIAMI, FLORIDA 33126

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)