

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1986.
AMOUNT DUE ON OR BEFORE 8/7/86: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G15894

1. Corporation Name

OSCAR S. RODRIGUEZ, P.A.

FILED

96 DEC 13 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2400 So. Dixie Highway 2400 So. Dixie Highway
Suite 200 Suite 200
Miami, FL 33133 Miami, FL 33133

3. Date Incorporated or Qualified 12/13/1982 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 2400 So. Dixie Highway 26 2400 So. Dixie Highway

4. FEI Number 59-2254086 Applied For Not Applicable

Suite, Apt. #, etc. Suite 200 Suite 200

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State Miami, Florida Miami, Florida

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip 33133 Country USA Zip 33133 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSCAR S. RODRIGUEZ
2400 SO. DIXIE HIGHWAY
SUITE 200
MIAMI, FLORIDA 33133

81 Oscar S. Rodriguez
82 Street Address (P.O. Box Number is Not Acceptable)
2400 So. Dixie Highway
83 Suite 200
84 Miami FL 85 33133

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE Oscar S. Rodriguez
NAME Oscar S. Rodriguez
STREET ADDRESS 2400 So. Dixie Hwy., Suite 200
CITY-ST-ZIP Miami, FL 33133

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-13-96 445-2000
Date Daytime Phone #

CR2E034 (3/96)