

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:49

DOCUMENT # **G66503** (5)  
1. Corporation Name  
**MARCELINO J. HUERTA III, P.A.**

|                                                                                              |                                                                                  |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Principal Place of Business<br><b>201 E. KENNEDY BLVD.<br/>SUITE 1108<br/>TAMPA FL 33602</b> | Mailing Address<br><b>201 E. KENNEDY BLVD.<br/>SUITE 1108<br/>TAMPA FL 33602</b> |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE.

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 24 Zip                         | 29 Zip                 |
| 25 Country                     | 30 Country             |

|                                                                                                                                                  |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>10/26/1983</b>                                                                                           | 3a. Date of Last Report<br><b>05/13/1994</b>           |
| 4. FEI Number<br><b>59-2349333</b>                                                                                                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                     | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                               | <b>\$5.00</b> May Be Added to Fees                     |
| b. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

9. Name and Address of Current Registered Agent  
**HUERTA, MARCELINO J III  
~~620 E TAMMGS ST.~~ 201 E. Kennedy Blvd.  
TAMPA FL 33602-0911  
Ste. 1108  
Tampa 33602**

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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                                                                           |                                          |
|---------------------------------------------------------------------------|------------------------------------------|
| TITLE<br><b>P</b>                                                         | NAME<br><b>HUERTA, MARCELINO J., III</b> |
| STREET ADDRESS<br><b><del>620 E TAMMGS ST.</del> 201 E. Kennedy Blvd.</b> |                                          |
| CITY - ST - ZIP<br><b>TAMPA FL</b>                                        | <b>Ste 1108<br/>Tampa 33602</b>          |
| TITLE                                                                     | NAME                                     |
| STREET ADDRESS                                                            |                                          |
| CITY - ST - ZIP                                                           |                                          |
| TITLE                                                                     | NAME                                     |
| STREET ADDRESS                                                            |                                          |
| CITY - ST - ZIP                                                           |                                          |
| TITLE                                                                     | NAME                                     |
| STREET ADDRESS                                                            |                                          |
| CITY - ST - ZIP                                                           |                                          |
| TITLE                                                                     | 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 |
| 2 NAME                                                                      |
| 3 STREET ADDRESS                                                            |
| 4 CITY - ST - ZIP                                                           |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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, changes, or on an attachment with an address.

SIGNATURE: *Marcelino J. Huerta III* 4/28/95 013 2297623  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Marcelino J. Huerta, III**