

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G87139** (3)

1. Corporation Name  
**JOSE R. RODRIGUEZ, P. A.**



Principal Place of Business: **8025 LOS PINOS CIRCLE CORAL GABLES FL 33143**  
Mailing Address: **8025 LOS PINOS CIRCLE CORAL GABLES FL 33143-6418**

3. Date Incorporated or Qualified: **12/29/1983**  
3a. Date of Last Report: **01/19/1995**  
4. FEI Number: **59-2362402**  
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 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

**9. Name and Address of Current Registered Agent**

**RODRIGUEZ, JOSE R.  
8025 LOS PINOS CIRCLE  
CORAL GABLES FL 33143**

**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 607.0602 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 607.0603, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name) \_\_\_\_\_ Signature of Registered Agent (Print Name) \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

1. NAME: **PSD RODRIGUEZ, JOSE R.**  
2. STREET ADDRESS: **8025 LOS PINOS CIRCLE**  
3. CITY, STATE, ZIP: **CORAL GABLES FL**

4. NAME: [ ] DELETE  
5. STREET ADDRESS: [ ] DELETE  
6. CITY, STATE, ZIP: [ ] DELETE

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12. CITY, STATE, ZIP: [ ] DELETE

13. NAME: [ ] DELETE  
14. STREET ADDRESS: [ ] DELETE  
15. CITY, STATE, ZIP: [ ] DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE: [ ] Change [ ] Addition  
2. NAME: [ ] Change [ ] Addition  
3. STREET ADDRESS: [ ] Change [ ] Addition  
4. CITY, STATE, ZIP: [ ] Change [ ] Addition  
5. TITLE: [ ] Change [ ] Addition  
6. NAME: [ ] Change [ ] Addition  
7. STREET ADDRESS: [ ] Change [ ] Addition  
8. CITY, STATE, ZIP: [ ] Change [ ] Addition  
9. TITLE: [ ] Change [ ] Addition  
10. NAME: [ ] Change [ ] Addition  
11. STREET ADDRESS: [ ] Change [ ] Addition  
12. CITY, STATE, ZIP: [ ] Change [ ] Addition  
13. TITLE: [ ] Change [ ] Addition  
14. NAME: [ ] Change [ ] Addition  
15. STREET ADDRESS: [ ] Change [ ] Addition  
16. CITY, STATE, ZIP: [ ] Change [ ] Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: *Jose R. Rodriguez* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96 (305) 663-8809

CR2E034 (12/95)