

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G87372 (0)**

1. Corporation Name  
**VARGAS, PIEDRA & CO., CPAS, P.A.**



Principal Place of Business: **% ANTONIO VARGAS, CPA  
780 N.W. LEJEUNE RD.,#516  
MIAMI FL 33126**

Mailing Address: **% ANTONIO VARGAS, CPA  
780 N.W. LEJEUNE RD.,#516  
MIAMI FL 33126**

2. Principal Place of Business: 21 | Suite, Apt. #, etc. 22 | City & State 23 | Zip Country 24 | 25 |

2a. Mailing Address: 26 | Suite, Apt. #, etc. 27 | City & State 28 | Zip Country 29 | 30 |

3. Date Incorporated or Qualified: **01/06/1984** 3a. Date of Last Report: **11/29/1995**

4. FEI Number: **59-2371497** 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

9. Name and Address of Current Registered Agent

**VARGAS, ANTONIO, CPA  
780 N.W. LEJEUNE RD.,#516  
MIAMI FL 33126**

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

Signature for person in Block 12 (Supplemental and Initial Approval)

(For E-Registration) Agent signature to proceed with registration

DATE

12. OFFICERS AND DIRECTORS

1. NAME: **D VARGAS, ANTONIO** [ ] DELETE

2. STREET ADDRESS: **780 NW LEJEUNE RD,#516**

3. CITY, ST, ZIP: **MIAMI FL**

4. NAME: **D PIEDRA, AURELIO** [ ] DELETE

5. STREET ADDRESS: **780 NW LEJEUNE RD,#516**

6. CITY, ST, ZIP: **MIAMI FL**

7. NAME: [ ] DELETE

8. STREET ADDRESS: [ ] DELETE

9. CITY, ST, ZIP: [ ] DELETE

10. NAME: [ ] DELETE

11. STREET ADDRESS: [ ] DELETE

12. CITY, ST, ZIP: [ ] DELETE

13. NAME: [ ] DELETE

14. STREET ADDRESS: [ ] DELETE

15. CITY, ST, ZIP: [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE: [ ] Change [ ] Addition

2. 2. NAME:

3. 3. STREET ADDRESS:

4. 4. CITY, ST, ZIP:

5. 5. 1. TITLE: [ ] Change [ ] Addition

6. 6. 2. NAME:

7. 7. 3. STREET ADDRESS:

8. 8. 4. CITY, ST, ZIP:

9. 9. 1. TITLE: [ ] Change [ ] Addition

10. 10. 2. NAME:

11. 11. 3. STREET ADDRESS:

12. 12. 4. CITY, ST, ZIP:

13. 13. 1. TITLE: [ ] Change [ ] Addition

14. 14. 2. NAME:

15. 15. 3. STREET ADDRESS:

16. 16. 4. CITY, ST, ZIP:

17. 17. 1. TITLE: [ ] Change [ ] Addition

18. 18. 2. NAME:

19. 19. 3. STREET ADDRESS:

20. 20. 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if a member, or on an attachment with an address

SIGNATURE: *Antonio Vargas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 1-305-443-7122  
Daytime Phone #

CR2E034 (12/95)