

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G87619** (4)

1. Corporation Name

**ROSARIO PORTUONDO DUNCAN, P.A.**



Principal Place of Business

% ROSARIO P. DUNCAN  
2525 SW 27TH AVE #100  
MIAMI FL 33133

Mailing Address

% ROSARIO P. DUNCAN  
2525 SW 27TH AVE #100  
MIAMI FL 33133

3. Date Incorporated or Qualified  
**01/13/1984**

3a. Date of Last Report  
**07/31/1995**

2. Principal Place of Business

21 **2600 Douglas Road**

2a. Mailing Address

26 **2600 Douglas Rd.**

4. FEI Number

**59-2372896**

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **Suite 410**

Suite, Apt. #, etc.

27 **Suite 410**

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

23 **Coral Gables, Fla.**

City & State

28 **Coral Gables, Fla.**

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

**33134**

Country

**USA**

Zip

**33134**

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

DUNCAN, ROSARIO P.  
2525 SW 27TH AVE #100  
MIAMI FL 33133

81 Name

**ROSARIO P. DUNCAN**

82 Street Address (P.O. Box Number is Not Acceptable)

**2600 Douglas Rd**

83 Suite, Apt. #, etc.

**Suite 410**

84 City

**Coral Gables**

FL

85 Zip Code

**33134**

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

*Rosario P. Duncan*  
Signature, typed or printed name of registered agent and title if applicable

**Rosario P. Duncan**  
(NOTE: Registered Agent signature required when reinstating)

**4/23/96**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPS** ☐ DELETE  
NAME **DUNCAN, ROSARIO P.**  
STREET ADDRESS **2525 SW 27TH AVE #100**  
CITY-ST-ZIP **MIAMI FL**  
**2600 Douglas Rd**  
**Suite 410**  
**Coral Gables, Fla.**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE:

*Rosario P. Duncan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Rosario P. Duncan**

Date

**4/23/96**  
Daytime Phone # **(205) 529-6777**

CR2E034 (12/95)