

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 # **G98346** (1)

1. Corporation Name
JULIO E. CASO, ESQ., P.A.



Principal Place of Business Mailing Address
1996 S.W. FIRST STREET MIAMI FL 33135

3. Date Incorporated or Qualified **04/19/1984** 3a. Date of Last Report **02/13/1995**

| | | | |
|-----------------------------------|-----------------------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 4539 Ponce De Leon Blvd | 21 4539 Ponce De Leon Blvd | 59-2406044 | Not Applicable |
| 22. City & State | 27. City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 Coral Gables, Florida | 28 Coral Gables, Florida | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Zip | 29. Zip | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> |
| 33146 | 33146 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

CASO, JULIO E., ESQ.
1996 S.W. FIRST STREET
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name **CASO, JULIO E., ESQ.**
82 Street Address (P.O. Box Number is Not Acceptable) **4539 Ponce De Leon Blvd.**
83
84 City **Miami** FL 85 Zip Code **33146**

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 of Registered Agent (Required for all registrations)

NOTE: Registered Agent signature required after re-eligibility.

DATE **1/22/96**

12. OFFICERS AND DIRECTORS

| | | |
|--------------------|------------------------------|---------------------------------|
| 1. TITLE | PD | <input type="checkbox"/> DELETE |
| 2. NAME | CASO, JULIO E. | |
| 3. STREET ADDRESS | 4310 RIVIERA DRIVE | |
| 4. CITY-STATE-ZIP | CORAL GABLES FL 33146 | |
| 5. TITLE | | <input type="checkbox"/> DELETE |
| 6. NAME | | |
| 7. STREET ADDRESS | | |
| 8. CITY-STATE-ZIP | | |
| 9. TITLE | | <input type="checkbox"/> DELETE |
| 10. NAME | | |
| 11. STREET ADDRESS | | |
| 12. CITY-STATE-ZIP | | |
| 13. TITLE | | <input type="checkbox"/> DELETE |
| 14. NAME | | |
| 15. STREET ADDRESS | | |
| 16. CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY-STATE-ZIP | |
| 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | |
| 7. STREET ADDRESS | |
| 8. CITY-STATE-ZIP | |
| 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | |
| 11. STREET ADDRESS | |
| 12. CITY-STATE-ZIP | |
| 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | |
| 15. STREET ADDRESS | |
| 16. CITY-STATE-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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
JULIO E. CASO

DATE **1/22/96** (305) 666-9300

CR2E034 (12/95)