

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 # **H07243** (9)

1. Corporation Name

RUBEN M. MASTRAPA, P.A.



Principal Place of Business

Mailing Address

~~7200 NW 7 STREET
2ND FLOOR
MIAMI FL 33126
US~~

~~7200 NW 7 STREET
2ND FLOOR
MIAMI FL 33126
US~~

3. Date Incorporated or Qualified
06/11/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **2299 SW 37 Ave.**

26 **2299 SW 37 Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 202 B**

27 **Suite 202 B**

City & State

City & State

23 **Miami FL**

28 **Miami FL**

Zip

Country

Zip

Country

24 **33145**

25 **USA**

29 **33145**

30 **USA**

4. FEI Number
59-2424827

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

10. Name and Address of New Registered Agent

**MASTRAPA, RUBEN
7200 NW 7 STREET 2ND FLOOR
MIAMI FL 33126**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

2299 SW 37 Ave

B3

Suite 202 B

B4

Miami

FL

B5 Zip Code

33145

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE

NAME **MASTRAPA, RUBEN M.**
STREET ADDRESS **7200 NW 7 STREET 2ND FLOOR**
CITY - ST - ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **MASTRAPA, RUBEN M.**
STREET ADDRESS **7200 NW 7 STREET 2ND FLOOR**
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 on an attachment with an address.

SIGNATURE:

RUBEN M. MASTRAPA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/95 305 444 1780

CR2E034 (12/95)