

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

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable) **2299 SW 37 Ave**  
B3 **Suite 202 B**  
B4 City **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>PST</b>	<input type="checkbox"/> DELETE
NAME	<b>MASTRAPA, RUBEN M.</b>	
STREET ADDRESS	<b>7200 NW 7 STREET 2ND FLOOR</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MASTRAPA, RUBEN M.</b>	
STREET ADDRESS	<b>7200 NW 7 STREET 2ND FLOOR</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>2299 SW 37 Avenue #202B</b>	
1.3 STREET ADDRESS	<b>Miami FL 33145</b>	
1.4 CITY - ST - ZIP	<b>Miami FL 33145</b>	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>2299 SW 37 Avenue #202B</b>	
2.3 STREET ADDRESS	<b>Miami FL 33145</b>	
2.4 CITY - ST - ZIP	<b>Miami FL 33145</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 on an attachment with an address.

SIGNATURE: *Ruben M. Mastro* **RUBEN M. MASTRAPA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **4/12/95** Daytime Phone #: **305 444 1780**

CR2E034 (12/95)