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Jan 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H58842 (6)

1. Corporation Name  
SAENZ, ROBLEDO & COMPANY

Principal Place of Business

8180 NW 36 STREET  
SUITE 100  
MIAMI FL 33166

Mailing Address

8180 NW 36 STREET  
SUITE 100  
MIAMI FL 33166-6850

3. Date Incorporated or Qualified 05/20/1985  
3a. Date of Last Report 05/01/1996

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

4. FEI Number

59-2525301

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

SAENZ, RAUL M.  
8180 NW 36 STREET  
SUITE 100  
MIAMI FL 33166

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS  
NAME SAENZ, RAUL  
STREET ADDRESS 8180 NW 36 ST #100  
CITY- ST- ZIP MIAMI FL

TITLE DP  
NAME ROBLEDO, ANTHONY  
STREET ADDRESS 8180 NW 36 ST., STE #100  
CITY- ST- ZIP MIAMI FL

TITLE DT  
NAME SAX, ROBERT  
STREET ADDRESS 8180 NW 36 ST #100  
CITY- ST- ZIP MIAMI FL

TITLE VD  
NAME SAX, WILLIAM  
STREET ADDRESS 8180 NW 36 ST #100  
CITY- ST- ZIP MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN 15 1997

305-592-1411

CR2E034 (9/96)