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FILED

Jan 24 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 # **H84383** (9)

1. Corporation Name
JAMES S. CASSEL, P.A.



Principal Place of Business

**201 SOUTH BISCAYNE BLVD
SUITE 3000
MIAMI FL 33131
US**

Mailing Address

**201 S BISCAYNE BLVD
SUITE 3000
MIAMI FL 33131-4330
US**

3. Date Incorporated or Qualified **11/04/1985** 3a. Date of Last Report **01/25/1996**

2. Principal Place of Business

21 **201 South Biscayne Blvd.**

Suite, Apt. #, etc.

22 **Suite 2950**

City & State

23 **Miami, Florida**

Zip

24 **33131**

Country

25 **USA**

2a. Mailing Address

26 **201 South Biscayne Blvd.**

Suite, Apt. #, etc.

27 **Suite 2950**

City & State

28 **Miami, Florida**

Zip

29 **33131**

Country

30 **USA**

4. FEI Number

59-2605803

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

**CASSEL, JAMES S.
201 SOUTH BISCAYNE BLVD
STE 3000
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name **Cassel, James S.**

82 Street Address (P.O. Box Number is Not Acceptable)
201 South Biscayne Boulevard

83 **Suite 2950**

84 City **Miami**

FL

85

Zip Code
33131

11. Pursuant to the provisions of Sections 607.0507 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 **X**

1/15/97

Signature typed or printed name of registered agent and title. Applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **CASSEL, JAMES S.**
STREET ADDRESS **201 SOUTH BISCAYNE BLVD SUITE 3000**
CITY-ST-ZIP **MIAMI FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **DP** ☒ Change ☐ Addition
12 NAME **Cassel, James S.**
13 STREET ADDRESS **201 South Biscayne Blvd Suite 2950**
14 CITY-ST-ZIP **Miami, FL 33131**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 536-8500

1/15/97

Date

Daytime Phone #

0173485

CR2E034 (9/96)