

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

'95 MAR -7 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J43199

(5)

1. Corporation Name

JOHN J. SPIEGEL, P.A.

Principal Place of Business

% JOHN J. SPIEGEL  
66 WEST FLAGLER STREET SUITE 700  
MIAMI FL 33130

Mailing Address

% JOHN J. SPIEGEL  
66 WEST FLAGLER STREET SUITE 700  
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/20/1986

3a. Date of Last Report

01/21/1994

4. FEI Number

59-2782713

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPIEGEL, JOHN J.  
66 WEST FLAGLER STREET  
SUITE 700  
MIAMI FL 33130

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 or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME               | STREET ADDRESS       | CITY - ST - ZIP |
|-------|--------------------|----------------------|-----------------|
|       | P<br>SPIEGEL, JOHN | 66 W FLAGLER ST #700 | MIAMI FL        |
| TITLE | NAME               | STREET ADDRESS       | CITY - ST - ZIP |
| TITLE | NAME               | STREET ADDRESS       | CITY - ST - ZIP |
| TITLE | NAME               | STREET ADDRESS       | CITY - ST - ZIP |
| TITLE | NAME               | STREET ADDRESS       | CITY - ST - ZIP |
| TITLE | NAME               | STREET ADDRESS       | CITY - ST - ZIP |
| TITLE | NAME               | STREET ADDRESS       | CITY - ST - ZIP |

| 1.1 TITLE           | Change | Addition |
|---------------------|--------|----------|
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 registered agent 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 (as applicable), or on an attachment with an address.

SIGNATURE: *[Signature]*

Print name and typed or printed name of signing officer or director

3/28/95

Date

(305) 539-0100

Telephone Number