

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 # **K17801** (7)

1. Corporation Name

CECILIA NAVARRO, P.A.



Principal Place of Business

Mailing Address

**5830 SW 73 ST
MIAMI FL 33143
US**

**4225 PONCE DE LEON BLVD
CORAL GABLES FL 33146
US**

3. Date Incorporated or Qualified
03/11/1988

3a. Date of Last Report
01/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0051979

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

**NAVARRO, RAMON
4225 PONCE DE LEON BLVD
CORAL GABLES FL 33143**

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 types, depending on filing procedure, and the filer's role.)

(Date) (Signature types, depending on filing procedure, and the filer's role.)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PTD**
STREET ADDRESS **NAVARRO, CECILIA**
CITY, ST, ZIP **4225 PONCE DE LEON BLVD**
CORAL GABLES FL

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

TITLE ☐ DELETE
NAME **VSD**
STREET ADDRESS **NAVARRO, RAMON**
CITY, ST, ZIP **4225 PONCE DE LEON BLVD**
CORAL GABLES FL

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cecilia Navarro
CECILIA NAVARRO

1-26-96

305-666-8686

Date

Typed Name

CR2E034 (12/95)