

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 APR 19 AM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K27625

(8)

1. Corporation Name

RONALD LAWRENCE CARPEL, P.A.

Principal Place of Business

**5900 S.W. 73RD STREET
SUITE 200
MIAMI FL 33143**

Mailing Address

**5900 S.W. 73RD STREET
SUITE 200
MIAMI FL 33143**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/06/1988

3a. Date of Last Report

04/25/1994

4. FEI Number

65-0058953

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

21 304 PALERMO AVE.

2a. Mailing Address

26 304 PALERMO AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 CORAL GABLES, FL

City & State

28 CORAL GABLES, FL

Zip

24 33134

Country

25 USA

Zip

29 33134

Country

30 USA

9. Name and Address of Current Registered Agent

**CARPEL, RONALD L.
5900 S.W. 73RD STREET
SUITE 200
MIAMI FL 33143**

10. Name and Address of New Registered Agent

**81 Name CARPEL, RONALD L.
82 Street Address (P.O. Box Number is Not Acceptable)
83 304 PALERMO AVE
84 City CORAL GABLES, FL 85 33134**

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 title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

**TITLE D
NAME CARPEL, RONALD L.
STREET ADDRESS 5900 S.W. 73RD ST., #200
CITY - ST - ZIP MIAMI FL**

13. PREVIOUSLY REGISTERED OFFICERS AND DIRECTORS IN 12

**1.1 TITLE CARPEL, RONALD L. ☒ Change ☐ Addition
1.2 NAME CARPEL, RONALD L.
1.3 STREET ADDRESS 304 PALERMO AVE
1.4 CITY - ST - ZIP CORAL GABLES, FL 33134**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(b), 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 custodian 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 MONITORING OFFICER OR DIRECTOR

RONALD L. CARPEL

4/14/95 805-443-5125