

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K44044** (1)

1. Corporation Name

SAENZ, ROBLEDO, SAX & COMPANY, P.A.



Principal Place of Business: **8180 NW 36TH ST., STE 100 MIAMI FL 33166 US**
Mailing Address: **8180 NW 36TH ST., STE 100 MIAMI FL 33166 US**

3. Date Incorporated or Qualified: **11/04/1988**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **65-0091469**
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, 22, 23, 24, 25
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**SAENZ, RAUL
8180 NW 36 ST.
STE 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
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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. Thereby, accept the appointment as registered agent, I am familiar with and accept the obligations of Section 607.0506, Florida Statutes.

SIGNATURE: *Raul Meridian* DATE: **4-11-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: TD	<input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SAX, ROBERT		1.2 NAME:
STREET ADDRESS: 8180 NW 38TH ST., #100		1.3 STREET ADDRESS:
CITY-STATE-ZIP: MIAMI FL		1.4 CITY-STATE-ZIP:
TITLE: PD	<input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SAENZ, RAUL		2.2 NAME:
STREET ADDRESS: 8180 NW 38TH ST., #100		2.3 STREET ADDRESS:
CITY-STATE-ZIP: MIAMI FL		2.4 CITY-STATE-ZIP:
TITLE: VD	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ROBLEDO, ANTHONY		3.2 NAME:
STREET ADDRESS: 8180 NW 38TH ST., #100		3.3 STREET ADDRESS:
CITY-STATE-ZIP: MIAMI FL		3.4 CITY-STATE-ZIP:
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:
STREET ADDRESS:		4.3 STREET ADDRESS:
CITY-STATE-ZIP:		4.4 CITY-STATE-ZIP:
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:
STREET ADDRESS:		5.3 STREET ADDRESS:
CITY-STATE-ZIP:		5.4 CITY-STATE-ZIP:
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:
STREET ADDRESS:		6.3 STREET ADDRESS:
CITY-STATE-ZIP:		6.4 CITY-STATE-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 on an attachment with an address.

SIGNATURE: *Raul Meridian* **RAUL M SAENZ** DATE: **4-11-96** 477-6969

CR2E034 (12/95)