

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K54623** (9)

1. Corporation Name

IVAN A. GOMEZ, P.A.

Principal Place of Business

**601 BRICKELL KEY DR.
#507
MIAMI FL 33131
US**

Mailing Address

**601 BRICKELL KEY DR.
#507
MIAMI FL 33131
US**



2. Principal Place of Business

2a. Mailing Address

21

26

State Apt. #, etc.

State Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

**GOMEZ, IVAN A.
601 BRICKELL KEY DR.
#507
MIAMI FL 33131**

81 Name

82 Street Address (P.O. Box Number is Not Accepted)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

12/29/1988

3a. Date of Last Report

04/11/1995

4. FEI Number

65-0098974

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. 190.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0109 and 607.0508, 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 607.0508, Florida Statutes.

SIGNATURE

Signature of person authorized to execute this statement

Signature of authorized officer or director

Date

12. OFFICERS AND DIRECTORS

1. Name
2. Title
3. Name
4. Title
5. Name
6. Title
7. Name
8. Title
9. Name
10. Title
11. Name
12. Title
13. Name
14. Title
15. Name
16. Title
17. Name
18. Title
19. Name
20. Title
21. Name
22. Title
23. Name
24. Title
25. Name
26. Title
27. Name
28. Title
29. Name
30. Title
31. Name
32. Title
33. Name
34. Title
35. Name
36. Title
37. Name
38. Title
39. Name
40. Title
41. Name
42. Title
43. Name
44. Title
45. Name
46. Title
47. Name
48. Title
49. Name
50. Title
51. Name
52. Title
53. Name
54. Title
55. Name
56. Title
57. Name
58. Title
59. Name
60. Title
61. Name
62. Title
63. Name
64. Title
65. Name
66. Title
67. Name
68. Title
69. Name
70. Title
71. Name
72. Title
73. Name
74. Title
75. Name
76. Title
77. Name
78. Title
79. Name
80. Title
81. Name
82. Title
83. Name
84. Title
85. Name
86. Title
87. Name
88. Title
89. Name
90. Title
91. Name
92. Title
93. Name
94. Title
95. Name
96. Title
97. Name
98. Title
99. Name
100. Title

**PD
GOMEZ, IVAN A.
601 BRICKELL KEY DR. #507
MIAMI FL**

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. Name
2. Name
3. STREET ADDRESS
4. CITY, ST, Zip
5. Name
6. Name
7. STREET ADDRESS
8. CITY, ST, Zip
9. Name
10. Name
11. STREET ADDRESS
12. CITY, ST, Zip
13. Name
14. Name
15. STREET ADDRESS
16. CITY, ST, Zip
17. Name
18. Name
19. STREET ADDRESS
20. CITY, ST, Zip
21. Name
22. Name
23. STREET ADDRESS
24. CITY, ST, Zip
25. Name
26. Name
27. STREET ADDRESS
28. CITY, ST, Zip
29. Name
30. Name
31. STREET ADDRESS
32. CITY, ST, Zip
33. Name
34. Name
35. STREET ADDRESS
36. CITY, ST, Zip
37. Name
38. Name
39. STREET ADDRESS
40. CITY, ST, Zip
41. Name
42. Name
43. STREET ADDRESS
44. CITY, ST, Zip
45. Name
46. Name
47. STREET ADDRESS
48. CITY, ST, Zip
49. Name
50. Name
51. STREET ADDRESS
52. CITY, ST, Zip
53. Name
54. Name
55. STREET ADDRESS
56. CITY, ST, Zip
57. Name
58. Name
59. STREET ADDRESS
60. CITY, ST, Zip
61. Name
62. Name
63. STREET ADDRESS
64. CITY, ST, Zip
65. Name
66. Name
67. STREET ADDRESS
68. CITY, ST, Zip
69. Name
70. Name
71. STREET ADDRESS
72. CITY, ST, Zip
73. Name
74. Name
75. STREET ADDRESS
76. CITY, ST, Zip
77. Name
78. Name
79. STREET ADDRESS
80. CITY, ST, Zip
81. Name
82. Name
83. STREET ADDRESS
84. CITY, ST, Zip
85. Name
86. Name
87. STREET ADDRESS
88. CITY, ST, Zip
89. Name
90. Name
91. STREET ADDRESS
92. CITY, ST, Zip
93. Name
94. Name
95. STREET ADDRESS
96. CITY, ST, Zip
97. Name
98. Name
99. STREET ADDRESS
100. CITY, ST, Zip

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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 included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That fact is a matter of the corporation or the officer or director authorized 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 addendum with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ivan A. Gomez

2/9/96

(305) 371-9213

CR2E034 (12/95)