

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K81965**

(1)

1. Corporation Name

OCARIZ & GITLIN, C.P.A., P.A.

Principal Place of Business

**3211 PONCE DE LEON BLVD. 305
CORAL GABLES FL 33134**

Mailing Address

**3211 PONCE DE LEON BLVD. 305
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1989

3a. Date of Last Report

05/01/1994

4. FID Number

65-0112969

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**

7. This corporation has adopted the provisions of Chapter 6, Florida Statutes

☒ Yes ☐ No

2. Principal Officer (Secretary)

21

Street Address

2a. Mailing Address

26

Street Address

22 City & State

23

27 City & State

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OCARIZ, HIRAM
3211 PONCE DE LEON BLVD. 305
CORAL GABLES FL 33134**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of the laws of the State of Florida, the above named corporation agrees to the statement for the purpose of changing its registered office or registered agent for both in the State of Florida. The statement was authorized by the corporation's board of directors. I hereby affirm the appointment of registered agent from the date of filing until the expiration of the term of office of the registered agent.

SIGNATURE

(Signature of Registered Agent)

(Signature of Agent for Change of Registered Office)

86

12. ADDITIONAL CHANGES TO OFFICE AND TIME TO REPORT

13. ADDITIONAL CHANGES TO OFFICE AND TIME TO REPORT

NAME	D GITLIN, MARK
STREET ADDRESS	3211 PONCE DE LEON BLVD
CITY & STATE	CORAL GABLES FL
NAME	D OCARIZ, HIRAM
STREET ADDRESS	3211 PONCE DE LEON BLVD
CITY & STATE	CORAL GABLES FL
NAME	
STREET ADDRESS	
CITY & STATE	
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STREET ADDRESS	
CITY & STATE	

NAME		☐ Change ☐ Addition
STREET ADDRESS	3211 PONCE DE LEON BLVD #305	
CITY & STATE		
NAME		☐ Change ☐ Addition
STREET ADDRESS	3211 PONCE DE LEON BLVD #305	
CITY & STATE		
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CITY & STATE		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY & STATE		

14. I hereby certify that the information supplied with this filing is complete, accurate and true, and that I am not a party to any fraud or illegal act in connection with this filing. I understand that the filing of this report is required by law, and that I am responsible for the accuracy of the information provided. I understand that the filing of this report is required by law, and that I am responsible for the accuracy of the information provided.

SIGNATURE:

Mark Gitlin

MARK GITLIN

(Signature and Printed Name of Signing Officer or Director)

4/19/95

305-444-3933