

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K89392** (0)

1. Corporation Name

OLLE, MACAULAY & ZORRILLA, P.A.



Principal Place of Business

**% ROBERT B. MACAULAY
1402 MIAMI CENTER, 201 S. BISCAYNE BLVD.
MIAMI FL 33131**

Mailing Address

**% ROBERT B. MACAULAY
1402 MIAMI CENTER, 201 S. BISCAYNE BLVD.
MIAMI FL 33131**

3. Date Incorporated or Qualified
05/17/1989

3a. Date of Last Report
03/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0109959

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

29

30

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

**MACAULAY, ROBERT B.
1402 MIAMI CENTER
201 S BISCAYNE BLVD
MIAMI FL 33131**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	OLLE, DENNIS J.	
STREET ADDRESS	201 S BISCAYNE BLVD 1402	
CITY- ST- ZIP	MIAMI FL	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	MACAULAY, ROBERT B.	
STREET ADDRESS	201 S BISCAYNE BLVD 1402	
CITY- ST- ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ZORRILLA, JUAN C.	
STREET ADDRESS	201 S BISCAYNE BLVD 1402	
CITY- ST- ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ROBIN, RAYMOND L.	
STREET ADDRESS	201 S BISCAYNE BLVD 1402	
CITY- ST- ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GEIGER, SUSAN R.	
STREET ADDRESS	201 S BISCAYNE BLVD 1402	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 on an attachment with an address.

SIGNATURE:

Robert B. Macaulay
Robert B. Macaulay

Vice President, 1/18/96 (305) 358-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)