## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L36359 (2)

DE LA CRUZ AND CUTLER, P.A.

Jan 26 1998 8:00am Secretary of State

-9.40

**FILED** 

Drive and Disc	o of Business	Manage And d				
	ce of Business	Mailing Add				
	C/O LUIS F. DE LA CRUZ. JR. C/O LUIS F 241 SEVILLA AVE., STE, 806 241 SEVILLI					
	ES FL 33134-6622		241 SEVILLA AVE., STE. 805 CORAL GABLES FL 33134-8622			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 12/12/1989
	Place of Business	2a. Mailing A	ddress			4, FEI Number Applied For
21		26				<b>65-0160933</b> Not Applicable
Suite, Apt.	#, etc.	Suite, Ap	t. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22 City & Stat		27				Fee Required
	e	City & St	ne			6. Election Campaign Financing \$5.00 May Be
Zip	Country	<b>28</b> Zip		Country		Trust Fund Contribution Added to Fees
24	25	29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
		of Current Registered Age		130		10. Name and Address of New Registered Agent
DE	LA CRUZ, LUIS F., JR.			81	Name	
	1 SEVILLA AVE.			-		(D.O. D. W
	TE 805	•		82	Street	Address (P.O. Box Number is Not Acceptable)
	RAL GABLES FL 33134	•		83		
						***************************************
		·		84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections	607.0502 and 607.1508, F	lorida Statule	es, the above	-named	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
office or r agent. I a	registered agent, or both, in im familiar with, and accept	the State of Florida. Such c the obligations of, Section 6	nange <b>wa</b> s a 307.0505. Fic	authorized by orida Statutes	the corp	poration's board of directors. Thereby accept the appointment as registered
SIGNATURE	•	3				
SIGNATURE	Signature, typed or printed name of re	gistored agent and title if applicable	(NOTE	F. Registered Ago	nt signature	required when reinstating) DATE
12.		ERS AND DIRECTORS	•	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P0		DELETÉ	11 TITLE		☐ Change ☐ Addition
NAME	DE LA CRUZ, LUIS F,			1.2 NAME		
STREET ADDRESS	241 SEVILLA AVE, #8	05		1.3 STREET	ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		1 000 070	1.4 CITY - S	T - ZIP	
TITLE	VPDS	L	J DELETE	2.1 TITLE		Change Addition
NAME	CUTLER, H JEFFREY 241 SEVILLA AVE #8	ne .		2.2 NAME		
STREET ADDRESS	CORAL GABLES FL	) <del>S</del>		2.3 STREET		
CITY-ST-ZIP TITLE	OUNAL GADLES FL	<del></del>	DELETE	2. 4 C(1Y - S 3.1 T(1LE	1 - Z(P	Change Addition
NAME		<b>L</b> .	, MACCIE	3.7 NAME		
STREET ADDRESS				3.3 STREFT	*DDDECC	
CITY-ST-ZIP				3.4. City-S		
TITLE			DELETE	4.1 TITLE	1.71	Change Addition
NAME				4. 2 NAME		700002412957 -01/27/3801033018
STREET ADDRESS				4.3 STREET	address	
CITY-ST-ZIP				4.4 CITY-S		***75 <b>.</b> 00
TITLE			DELETE	5.1 TITLE		, Charige Addition
NAME				5.2 NAME		M - L
STREET ADDRESS				5.3 STREET	ADDRESS	46 1/2/6
CITY-ST-ZIP				5.4 CITY - ST	1- ZIP	
TITLE			DELETE	6.1 TITLE	<del>-</del> -	70000241293 Change Addition
NAME		_		6.2 NAME	1	(リリリンとでも1 ごうう) _01 /07 /0001000010
STREET ADDRESS	•			6.3 STREET	ADDRESS	-01/27/9801033019 ***75.00
CITY-ST-ZIP				6.4 CHY-ST		
indicated officer or o	on this annual report or sup:	plemental annual report is to The receiver or trustee emi	rue and accu	urate and tha	it my siar	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in
		1/1		-	10	1 G G G G 1

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**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L36359 DE LA CRUZ AND CUTLER, P.A. Principal Place of Business Mailing Address C/O LUIS F. DE LA CRUZ. JR. C/O LUIS F. DE LA CRUZ. JR. 241 SEVILLA AVE., STE. 805 CORAL GABLES FL 33134-6622 241 SEVILLA AVE., STE. 805 CORAL GABLES FL 33134-6622 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/12/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0160933 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country  $Z_{1D}$ Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DE LA CRUZ, LUIS F., JR. 241 SEVILLA AVE. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 805 83 **CORAL GABLES FL 33134** 84 Zip Code 85 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 11 TITLE ☐ Change Addition DE LA CRUZ, LUIS F. JR NAME 1.2 NAME 241 SEVILLA AVE, #805 STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES FL CITY - ST - ZIP 1.4 CITY - ST - ZIP **VPDS** DELETE TITLE 2.1 TITLE Change Addition **CUTLER. H JEFFREY** NAME 2.2 NAME 241 SEVILLA AVE #805 STREET ADDRESS 2.3 STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 2. 4 C(1Y - S1 - Z(P DELETE TITLE 3.1 7/11/6 Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CiTY-ST-ZiP 700002412957 -01/27/88--01033--018 DELETE TITLE Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS \*\*\*75.00 CITY-ST-ZIP 4.4 CITY-S1-ZIP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE 70000241293<sup>10000</sup> Addition NAME 6.2 NAME -01/27/98--01033--019 6.3 STREET ADDRESS STREET ADDRESS \*\*\*75.00 CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 a state timent with an address.

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