

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:17

DOCUMENT # L40908 (0)

1. Corporation Name

OLIN, GOTTLIEB, ROTOLANTE, VILLALOBOS & MAYA, P.  
A.

Principal Place of Business

% ROGER F ROTOLANTE  
1320 S DIXIE HWY SUITE 820  
CORAL GABLES FL 33146

Mailing Address

% ROGER F ROTOLANTE  
1320 S DIXIE HWY SUITE 820  
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
01/02/1990

3a. Date of Last Report  
08/11/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number  
59-2981507

Applied For  
Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

24

Country

25

Zip

29

Country

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

ROTOLOANTE, ROGER F.  
1320 S DIXIE HWY SUITE 820  
CORAL GABLES FL 33146

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 board of directors)

(Signature typed or printed name of registered agent and board of directors)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                       |
|----------------|-----------------------|
| TITLE          | D                     |
| NAME           | OLIN, BERNARD         |
| STREET ADDRESS | 1320 S DIXIE HWY #820 |
| CITY, ST, ZIP  | CORAL GABLES FL       |
| TITLE          | D                     |
| NAME           | ROTOLOANTE, ROGER F   |
| STREET ADDRESS | 1320 S DIXIE HWY #820 |
| CITY, ST, ZIP  | CORAL GABLES FL       |
| TITLE          | D                     |
| NAME           | MAYA, RALPH           |
| STREET ADDRESS | 1320 S DIXIE HWY #820 |
| CITY, ST, ZIP  | CORAL GABLES FL       |
| TITLE          | D                     |
| NAME           | VILLALOBOS, RICHARD J |
| STREET ADDRESS | 1320 S DIXIE HWY #820 |
| CITY, ST, ZIP  | CORAL GABLES FL       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY, ST, ZIP  |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY, ST, ZIP  |                       |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY, ST, ZIP   |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY, ST, ZIP   |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY, ST, ZIP  |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY, ST, ZIP  |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. 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 199.03(6), Florida Statutes. I further certify that the information indicated 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 when called or as director of the corporation or the reason or reason or reason 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:

*Bernard Olin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
BERNARD OLIN

*1/11/95*  
Date

*305-666-5861*  
Telephone Number