

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

FILED

98 AUG 10 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L67794 (2)

1. Corporation Name

JOSEPH L. CARUNCHO, P.A.

Principal Place of Business

Mailing Address

~~2600 DOUGLAS RD.~~
~~SUITE 500-A~~
~~CORAL GABLES, FL 33134~~
~~USA~~

~~2600 DOUGLAS RD.~~
~~SUITE 500-A~~
~~2600 DOUGLAS RD.~~
~~USA~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1990

4. FEI Number

65-0199827

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2600 Douglas Road

26 2600 Douglas Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 500-A

27 Suite 500-A

City & State

City & State

23 Coral Gables, FL

28 Coral Gables, FL

Zip

Country

Zip

Country

24 33134

25 USA

29 33134

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARUNCHO, JOSEPH L.

-2600 DOUGLAS RD.

-SUITE 500-A

-CORAL GABLES FL 33134

81 Name

CARUNCHO, JOSEPH L.

82

Street Address (P.O. Box Number is Not Acceptable)

2600 Douglas Road

83

Suite 500-A

84

City

Coral Gables,

FL

85 Zip Code

33134

I, 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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and address (if applicable)

(NOTE: Registered Agent signature required when reinstating)

4/21/98

DATE

2. OFFICERS AND DIRECTORS

1. NAME ☐ DELETE

NAME
DPS
CARUNCHO, JOSEPH L
STREET ADDRESS
6423 COLLINS AVE. #1110
ST- ZIP
MIAMI BCH FL 33141

2. NAME ☐ DELETE

3. NAME ☐ DELETE

4. NAME ☐ DELETE

5. NAME ☐ DELETE

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27. NAME ☐ DELETE

28. NAME ☐ DELETE

29. NAME ☐ DELETE

30. NAME ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

7.1 TITLE ☐ Change ☐ Addition

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY- ST- ZIP

8.1 TITLE ☐ Change ☐ Addition

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY- ST- ZIP

9.1 TITLE ☐ Change ☐ Addition

9.2 NAME

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 an attachment with an address.

SIGNATURE:

Joseph L. Caruncho 4/21/98

(305) 441-8720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Signature

CR2E034 (10/97)