


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

FILED
Mar 12, 1999 8:00 am
Secretary of State

03-12-1999 90038 009 ***300.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L75155 1. Corporation Name LOPEZ, LEVI & ASSOCIATES, INC.					
Principal Place of Business 815 N. W. 57TH AVENUE SUITE 304 MIAMI FL 33126			Mailing Address 815 N. W. 57TH AVENUE SUITE 304 MIAMI FL 33126		
2. Principal Place of Business 21 815 N.W. 57th Ave Suite, Apt. #, etc. 22 Suite 125 City & State 23 Miami, FL Zip 24 33126 Country 25 U.S.		2a. Mailing Address 26 815 N.W. 57th Ave Suite, Apt. #, etc. 27 Suite 125 City & State 28 Miami, FL Zip 29 33126 Country 30 U.S.		3. Date Incorporated or Qualified 05/23/1990 4. FEI Number 65-0177992 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SPENCER, ESQ THOMAS 801 BRICKELL AVENUE #1901 MIAMI FL 33131			10. Name and Address of New Registered Agent 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	D	<input type="checkbox"/> DELETE	1.1 TITLE	P Levi, Raimundo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVI, RAIMUNDO LL		1.2 NAME		
STREET ADDRESS	815 N W 57TH AVENUE #304		1.3 STREET ADDRESS	815 N.W. 57th Ave #125	
CITY-ST-ZIP	MIAMI FL 33126		1.4 CITY-ST-ZIP	Miami, FL 33126	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	P Lopez, VALENTIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, VALENTIN		2.2 NAME		
STREET ADDRESS	815 N W 57TH AVENUE #304		2.3 STREET ADDRESS	815 N.W. 57th Ave #125	
CITY-ST-ZIP	MIAMI FL 33126		2.4 CITY-ST-ZIP	Miami, FL 33126	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/98

Date

Daytime Phone #

CR2E034 (11/98)