

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L95608** (0)

1. Corporation Name

MENDIGUREN AND ASSOCIATES, P.A.



Principal Place of Business

**6301 NW 5TH WAY
#3600
FT. LAUDERDALE FL 33309
US**

Mailing Address

**6301 NW 5TH WAY
#3600
FT. LAUDERDALE FL 33309
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MENDIGUREN, FIDEL
3554 N.W. 26TH AVENUE
BOCA RATON FL 33434**

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 607.0602 and 607.1505, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Agent-in-Charge (Print Name)

Signature of Agent-in-Charge (Print Name)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**PST
MENDIGUREN, FIDEL
3554 N.W. 26TH AVENUE
BOCA RATON FL**

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

**D
MENDIGUREN, FIDEL
3554 N.W. 26TH AVENUE
BOCA RATON FL**

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

**D
MENDIGUREN, FIDEL
3554 N.W. 26TH AVENUE
BOCA RATON FL**

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NAME

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MENDIGUREN, FIDEL
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BOCA RATON FL**

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

☐ Change ☐ Addition

26. NAME

**D
MENDIGUREN, FIDEL
3554 N.W. 26TH AVENUE
BOCA RATON FL**

☐ DELETE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fidel Mendiguren
Fidel Mendiguren

3/20/94

Date

954-937-8868

Office Phone

CR2E034 (12/95)