

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **M05551** (0)

1. Corporation Name

DE OLIVEIRA & ASSOCIATES, P.A.

Principal Place of Business

**2701 LE JEUNE ROAD
SUITE 350
CORAL GABLES FL 33134**

Mailing Address

**2701 LE JEUNE ROAD
SUITE 350
CORAL GABLES FL 33134**

APPROVED
AND
FILED

95 MAR -3 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/21/1984	3a. Date of Last Report 06/17/1994
4. FEI Number 59-2451112	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Zip

9. Name and Address of Current Registered Agent

**DE OLIVEIRA, CRISTINA
757 NW 27TH AVENUE
THIRD FLOOR
MIAMI FL 33125**

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. State **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 the filer)

(NOTE: Registered Agent signature required when heretofore)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	2. NAME	
STREET ADDRESS	CITY - ST - ZIP	3. STREET ADDRESS	
CITY - ST - ZIP		4. CITY - ST - ZIP	
TITLE	NAME	21. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	22. NAME	
STREET ADDRESS	CITY - ST - ZIP	23. STREET ADDRESS	
CITY - ST - ZIP		24. CITY - ST - ZIP	
TITLE	NAME	31. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	32. NAME	
STREET ADDRESS	CITY - ST - ZIP	33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE	NAME	41. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	42. NAME	
STREET ADDRESS	CITY - ST - ZIP	43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE	NAME	51. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	52. NAME	
STREET ADDRESS	CITY - ST - ZIP	53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE	NAME	61. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	62. NAME	
STREET ADDRESS	CITY - ST - ZIP	63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information supplied in 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. I am an officer or director of the corporation or the registered agent or filer, or I am a person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director with an address.

SIGNATURE:

Cristina Oliveira
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/95

444-7012