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Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M21109 (7)
1. Corporation Name
EBERTO A. VITIER, CERTIFIED PUBLIC ACCOUNTANT, P
.A.



Principal Place of Business Mailing Address
% EBERTO A VITIER % EBERTO A VITIER
2655 LE JEUNE ROAD, SUITE 1110 2655 LE JEUNE ROAD, SUITE 1110
CORAL GABLES FL 33134 CORAL GABLES FL 33134-5847

3. Date Incorporated or Qualified 09/25/1985 3a. Date of Last Report 04/03/1996
4. FEI Number 59-2581572 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 EBERTO A. VITIER 26 EBERTO A. VITIER
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 2655 LE JEUNE ROAD, SUITE PH 2-B 2655 LE JEUNE ROAD, SUITE PH 2-B
City & State City & State
23 CORAL GABLES FLORIDA 28 CORAL GABLES FLORIDA
Zip Country Zip Country
24 33134 25 U.S.A. 29 33134 30 U.S.A.

9. Name and Address of Current Registered Agent

VITIER, EBERTO A.
2655 LEJEUNE ROAD
SUITE 1110
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name VITIER, EBERTO A.
82 Street Address (P.O. Box Number is Not Acceptable) 2655 LE JEUNE ROAD
83 SUITE PH 2-B
84 City Coral Gables FL 85 Zip Code 33134

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 is typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE DP ☐ DELETE
NAME VITIER, EBERTO A.
STREET ADDRESS 2655 LE JEUNE RD. #1110
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2655 LE JEUNE RD SUITE PH 2-B
1.4 CITY-ST-ZIP CORAL GABLES FL. 33134
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

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/97 305-444-7899

CR2E034 (9/96)