

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 FEB -8 PM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M22716 (8)

1. Corporation Name

COSSIO & ASSOCIATES, P.A.

300001403273
-02/10/95--01057--023
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
3663 SW 8 ST 207 MIAMI FL 33135 US		3663 SW 8 ST 207 MIAMI FL 33135 US	
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		29	
25		30	

3. Date incorporated or Qualified	3a. Date of Last Report
10/30/1985	03/28/1994
4. FEI Number	Applied For
59-2094657	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution	☐
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☐ Yes ☐ No

9. Name and Address of Current Registered Agent	
COSSIO, RAUL A. 3663 SW 8 ST SUITE 207 MIAMI FL 33135	

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	COSSIO, RAUL A.	1.2 NAME	COSSIO, RAUL A.
STREET ADDRESS	2542 S.W. 6TH ST.	1.3 STREET ADDRESS	3663 SW 8th Street. Suite 207
CITY-ST-ZIP	MIAMI-FL	1.4 CITY-ST-ZIP	MIAMI, FL. 33135
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 107, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a notification with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

1/13/95 (305) 567-9402