

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M23797
1. Corporation Name
LAW OFFICES JOSE A. VILLALOBOS, P.A.

FILED
99 JAN 25 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2350 CORAL WAY
SUITE 202
MIAMI FL 33145
US

Mailing Address
2350 CORAL WAY
SUITE 202
MIAMI FL 33145
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/01/1985	
21		26		4. FEI Number 59-2616441	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent
VILLALOBOS JOSE A
1645 SW 85TH AVENUE
MIAMI FL 33155

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 renewing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	6533k PSD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VILLALOBOS, JOSE A.	1.2 NAME	
STREET ADDRESS	2350 CORAL WAY, SUITE 202	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	1.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	J. Alex Villalobos	2.2 NAME	
STREET ADDRESS	2350 Coral Way #202	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33145	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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)(c), 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:

PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

1/22/99

305 860-1333

Date

Daytime Phone

CD02034 1/11/01