

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

CORPORATION
ANNUAL REPORT
1995



Florida Department of State
Corporation Division
Secretary of State
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 4:16

DOCUMENT # M32772

(9)

1. Corporation Name

SEQUEIRA & GAVARRETE, P.A.

Principal Place of Business

Mailing Address

4135 LAGUNA ST.
CORAL GABLES FL 33146

4135 LAGUNA ST.
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/28/1986

3a. Date of Last Report

02/11/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2756059

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEQUEIRA, ROBERTO
4135 LAGUNA ST.
CORAL GABLES FL 33146

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, to 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 agree to the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

X

Robert Sequeira

(NOTE: Registered Agent signature required when filing report)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PTD

1.2 NAME

SEQUEIRA, ROBERTO

1.3 STREET ADDRESS

4135 LAGUNA ST.

1.4 CITY - ST - ZIP

CORAL GABLES FL

2.1 TITLE

VSD

2.2 NAME

GAVARRETE, FERNANDO

2.3 STREET ADDRESS

4135 LAGUNA ST.

2.4 CITY - ST - ZIP

CORAL GABLES FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY - ST - ZIP

8.1 TITLE

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8.3 STREET ADDRESS

8.4 CITY - ST - ZIP

9.1 TITLE

9.2 NAME

9.3 STREET ADDRESS

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7.4 CITY - ST - ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY - ST - ZIP

9.1 TITLE

9.2 NAME

9.3 STREET ADDRESS

9.4 CITY - ST - ZIP

☐ Change ☐ Addition

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14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information and data 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 understand and agree that the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report is not subject to any restriction or limitation.

SIGNATURE: X

Robert Sequeira

(Signature and typed or printed name of officer or director)

2-21-95

Date

(305) 441-1556

Telephone #