

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:51

DOCUMENT # **M51978** (8)

1. Corporation Name:  
**DAVID V. LOCOCO, P.A.**

Principal Place of Business: **695 NE 126TH ST. NORTH MIAMI FL 33161**  
Mailing Address: **695 NE 126TH ST. NORTH MIAMI FL 33161**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/13/1987</b>	3a. Date of Last Report <b>04/15/1994</b>
4. FEI Number <b>59-2800811</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business: 21. <b>10106 N.W. 52<sup>nd</sup> TER</b> State Apt. # etc.	2a. Mailing Address: 2c. <b>SAME</b> Suite, Apt. #, etc.
22. <b>MIAMI, FL</b>	27. <b>MIAMI, FL</b>
23. <b>33178</b> Zip <b>DADE</b> Country	28. <b>33178</b> Zip <b>DADE</b> Country

9. Name and Address of Current Registered Agent

**LOCOCO, DAVID V., ESQ.**  
**695 NE 126TH ST.**  
**NORTH MIAMI FL 33161**

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
**10106 N.W. 52<sup>nd</sup> TER**  
83.  
84. City **MIAMI** FL 85. Zip Code **33178**

11. Pursuant to the provisions of Sections 607 (5)(c) and 607 (5)(b), 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 Sections 607 (5)(c), Florida Statutes.

SIGNATURE: *David V. Lococo* **DAVID V. LOCOCO**

12. OFFICERS AND DIRECTORS

1. NAME	<b>PD LOCOCO, DAVID V.</b>
2. STREET ADDRESS	<b>695 N.E. 126TH STREET</b>
3. CITY, STATE, ZIP	<b>N. MIAMI FL</b>
4. TITLE	
5. NAME	
6. STREET ADDRESS	
7. CITY, STATE, ZIP	
8. TITLE	
9. NAME	
10. STREET ADDRESS	
11. CITY, STATE, ZIP	
12. TITLE	
13. NAME	
14. STREET ADDRESS	
15. CITY, STATE, ZIP	
16. TITLE	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	<b>10106 N.W. 52<sup>nd</sup> TER.</b>	
3. CITY, STATE, ZIP	<b>MIAMI, FL 33178</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE		
5. NAME		
6. STREET ADDRESS		
7. CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. TITLE		
9. NAME		
10. STREET ADDRESS		
11. CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. TITLE		
13. NAME		
14. STREET ADDRESS		
15. CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. TITLE		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and checked and qualify for the exemptions stated in Sections 1901 (1)(a), Florida Statutes. I further certify that the information furnished 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 registered agent designated for receipt of this report as required by Chapter 607, Florida Statutes, and that my name appears on the list of officers or directors of the corporation with an address.

SIGNATURE: *David V. Lococo*  
SIGNATURE AND TYPED OR PRINTED NAME OF HIGH OFFICER OR DIRECTOR  
**DAVID V. LOCOCO**

1-15-95 305-477-2345