

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M52659** (3)

1. Corporation Name

HIXSON, MARIN, POWELL & DE SANCTIS, P.A.



Principal Place of Business

Mailing Address

**C/O RAYMOND F. MARIN
16100 N.E. 16TH AVE
NORTH MIAMI BCH FL 33162-6990**

**C/O RAYMOND F. MARIN
16100 N.E. 16TH AVE
NORTH MIAMI BCH FL 33162-6990**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

9. Name and Address of Current Registered Agent

**MARIN, RAYMOND F.
16100 N.E. 16TH AVE
NORTH MIAMI BCH FL**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)

83
84 City FL 85 Zip Code

3. Date Incorporated or Qualified

05/26/1987

3a. Date of Last Report

01/25/1995

4. FEI Number

59-2810589

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

10. Name and Address of New Registered Agent

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **MARIN, RAYMOND F.**
CITY-ST-ZIP **16100 NE 16TH AVE
N MIAMI BCH FL**

TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **HIXSON, DAVID L.**
CITY-ST-ZIP **16100 NE 16TH AVE
N MIAMI BCH FL**

TITLE ☐ DELETE
NAME **DVT**
STREET ADDRESS **POWELL, DONALD F.**
CITY-ST-ZIP **16100 NE 16TH AVE
N MIAMI BCH FL**

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **DE SANCTIS, PETER V.**
CITY-ST-ZIP **16100 NE 16TH AVE
NORTH MIAMI BEACH FL**

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

1.4 CITY-ST-ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

1/17/96

805-744-7001

DAVID DE SANCTIS

CR2E034 (12/95)