

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M64752** (2)

1. Corporation Name
OTERO, MULLIN & TOMLIN, P.A.



Principal Place of Business: **75 VALENCIA AVENUE FOURTH FLOOR CORAL GABLES FL 33134**
Mailing Address: **75 VALENCIA AVENUE FOURTH FLOOR CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **01/13/1988**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **65-0020840**
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

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

9. Name and Address of Current Registered Agent: **OTERO, JORGE E. 75 VALENCIA AVE., 4TH FLOOR CORAL GABLES FL 33134**
10. Name and Address of New Registered Agent (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____ DATE: _____
(Signature: typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP <input type="checkbox"/> DELETE	NAME: OTERO, JORGE E.	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 75 VALENCIA AVE. 4TH FL	CITY-ST-ZIP: CORAL GABLES FL	1.2 NAME	
TITLE: DVS <input type="checkbox"/> DELETE	NAME: MULLIN, TERRACE J.	1.3 STREET ADDRESS	
STREET ADDRESS: 75 VALENCIA AVE. 4TH FLOOR	CITY-ST-ZIP: CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	
TITLE: D <input type="checkbox"/> DELETE	NAME: TOMLIN, TRACY E.	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 75 VALENCIA AVE. 4TH FLOOR	CITY-ST-ZIP: CORAL GABLES FL 33134	2.2 NAME	
TITLE: D <input type="checkbox"/> DELETE	NAME: TOMLIN, MICHAEL T.	2.3 STREET ADDRESS	
STREET ADDRESS: 75 VALENCIA AVE. 4TH FLOOR	CITY-ST-ZIP: CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.3 STREET ADDRESS	
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 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 in an attachment with an address.

SIGNATURE: DATE: **2/29/96** DAYTIME PHONE #: **305-567-9000**

CR2E034 (12/95)